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1. **1.1 Executive Summary**

Scientific Objectives

The scientific objective of the Millennium Institute for Depression and Personality (MIDAP) is to generate knowledge based on a multidimensional understanding of depression in interaction with personality, with the aim of maximizing the effectiveness of interventions through the identification of the agents and mechanisms of change involved in prevention, psychotherapy, and rehabilitation.

The specific aims of our research are to:

- (a) Contribute scientific knowledge about depression and personality based on a multidimensional perspective that integrates cultural, social, developmental, psychological, psychophysical, and genetic aspects.
- (b) Examine specific age-related issues associated with depression and personality during pregnancy/lactation, infancy, adolescence, adulthood, and old age.
- (c) Generate knowledge that can inform mental health policy for the development of improved preventive, therapeutic, and rehabilitation services.

Researchers and scientific activity

To accomplish these aims, four lines of research host specific studies conducted by interdisciplinary teams including researchers from Psychology, Psychiatry, Genetics, Psychophysiology, Neuroscience, Anthropology, and Sociology. The first line comprises studies about basic bio-psycho-social structures and processes involved in the development of psychological disorders; the second is centered on health promotion and psychosocial prevention; the third focuses on change processes and the effectiveness of psychological interventions; and the fourth deals with rehabilitation.

During 2016, the MIDAP Institute consolidated a team of over 70 researchers from its five host institutions: Pontificia Universidad Católica de Chile, Universidad de Chile, Universidad del Desarrollo, Universidad de La Frontera, and Universidad de Valparaíso. This team includes 11 Associate Researchers, 21 Adjunct Researchers, 10 Young Researchers, 5 Postdoctoral Researchers, 6 Senior Researchers, and 21 research-collaborators, all of whom make up the specific teams devoted to each line of research together with undergraduate and graduate students and research assistants. Collaboration between researchers from different groups has resulted in joint publications and presentations at conferences, and the exchange trips made during the year (Annex 10). During 2016, 41 scientific articles were published, 81% of them in ISI and SCOPUS journals. In addition, several presentations were given at conferences, and seminars and scientific events were organized.

MIDAP researchers received funding for 6 new projects, 5 national and 1 international, which nurture the Institute's lines of research. All these activities demonstrate that MIDAP has made progress in the consolidation of a team of researchers and young professionals that have provided answers to the Institute's research questions in a productive and collaborative manner.

Capacity Building

With regard to capacity building, the Institute's goal is to continue the training of young researchers from Chile, Latin America, and other countries, and to foster their international contacts through internships abroad and by investing in their doctoral and post-doctoral education. During 2016, MIDAP was host to more than 100 researchers in training, including postdoctoral researchers (5), doctoral students (41), master's students (26), undergraduate students (8), and research assistants (35).

Two young researchers and two research assistants joined the Doctoral Program in Psychotherapy in 2016, thus becoming MIDAP doctoral students, which demonstrates the possibility of progressing in one's academic career that MIDAP provides. In addition, 6 doctoral students were selected for research internships in world-class foreign centers, funded by MIDAP or by their associated projects, thus enhancing their knowledge as researchers.

Networks

During 2016, work within our existing networks continued, while new collaborative activities were carried out together with several institutions. These include a collaboration agreement to research the topic of Adolescence and Personality signed by MIDAP, the Schilkrut Medical Institute (Chile), and research centers in Switzerland and Germany.

In addition, 3 of the projects that received funding in 2016 have a strong international collaboration component, which strengthens MIDAP's international networks. These projects include the international collaboration agreement between MIDAP researchers from Pontificia Universidad Católica de Chile and Universidad de Chile and Heidelberg University (PII20150035 PCI-CONICYT), which will result in an intensive scientific exchange of researchers and postgraduate students for 3 years.

MIDAP's productive research work on e-Mental Health during 2016 made it possible to obtain funding for 1 project (REDES150005 PCI-CONICYT) involving collaboration with Mexico and Colombia, which helps cement MIDAP's position as a point of reference in the field of mental health in Latin America.

During this year, MIDAP and Heidelberg University researchers obtained a grant for a Summer School on the subject of “Social Processes and Mental Health”, that was conducted in April 2017. Participants included 4 MIDAP researchers, as instructors, plus 10 Latin American students (some of them from MIDAP) and 10 European ones, generating collaboration between all participants.

Outreach

During its second year, MIDAP permanently disseminated its scientific work, which resulted in a series of activities intended to provide information about the progress and results of its research. The events organized engaged the academic and professional world from the fields of health, education, and labor, as well as the general public.

In the health and education sectors, workshops and talks for professionals were conducted. The 7 workshops organized in different regions of Chile were attended by over 300 people. Over 15 dissemination events were conducted, many with international guest speakers, which gathered over one thousand people. It must be noted that these activities were not limited to Chile's capital –they were carried out very successfully in other regions of the country.

MIDAP participated actively in major scientific dissemination events. The slogan “Take Care of Your Mood” was created and a large number of people received psychoeducational materials that included advice about healthy habits and emotional regulation techniques and strategies. MIDAP also took part in the First Conference of the Future for children and adolescents, which was attended by 300 school students, while “Scientific Coffee Meetings” and other scientific dissemination activities continued to be carried out in collaboration with EXPLORA-CONICYT.

MIDAP has strengthened its social network presence and has maintained its relevant and successful presence on the main Chilean media (65 appearances in the press). Through these actions, MIDAP has expanded its coverage, reaching more and more people and becoming a point of reference in the field of mental health for Chile and Latin America.

Therefore, the Institute's objectives are being fully met, a fact that manifests itself through strong development in the four priority areas: research, training of young researchers, networking, and outreach.

1.2 Resumen Ejecutivo

Objetivos científicos

El objetivo científico del Instituto Milenio sobre Depresión y Personalidad (MIDAP) es generar conocimiento basado en una comprensión multidimensional de la depresión en interacción con la personalidad, con el objeto de maximizar la efectividad de las intervenciones mediante la identificación de los agentes y mecanismos de cambio involucrados en la prevención, la psicoterapia y la rehabilitación.

Los objetivos específicos de nuestra investigación son:

- a) Contribuir al conocimiento científico sobre depresión y personalidad basado en una perspectiva multidimensional que integre aspectos culturales, sociales, del desarrollo, psicológicos, psicofísicos y genéticos.
- b) Examinar temas específicos relativos a la edad asociados con depresión y personalidad durante todas las etapas del ciclo vital: embarazo, infancia temprana, niñez, adolescencia, adultez y vejez.
- c) Generar conocimiento útil para las políticas de salud mental que lleven al desarrollo de mejores servicios de prevención, terapia y rehabilitación.

Investigadores y actividad científica

Para cumplir estos objetivos, equipos interdisciplinarios de investigadores en Psicología, Psiquiatría, Genética, Psicofisiología, Neurociencia, Antropología y Sociología, desarrollan estudios en 4 líneas de investigación. La primera línea estudia las estructuras y procesos biopsicosociales involucrados en el desarrollo de los trastornos psicológicos; la segunda se centra en la promoción de la salud y la prevención psicosocial; la tercera se enfoca en los procesos de cambio y la efectividad de las intervenciones psicológicas; y la cuarta trata sobre rehabilitación.

Durante el año 2016, el Instituto MIDAP consolidó un equipo de más de 70 investigadores, provenientes de sus cinco instituciones albergantes: Pontificia Universidad Católica de Chile, Universidad de Chile, Universidad del Desarrollo, Universidad de La Frontera y Universidad de Valparaíso. Este equipo incluye a 11 Investigadores Asociados, 21 Investigadores Adjuntos, 10 Investigadores Jóvenes, 5 Investigadores Postdoctorales, 6 Investigadores Senior y 21 investigadores-colaboradores, quienes conforman los equipos de los estudios específicos de cada línea de investigación junto a estudiantes de pre y postgrado y ayudantes de investigación. La colaboración entre las diferentes categorías de investigadores se refleja en publicaciones conjuntas y presentaciones en Congresos, y los intercambios ocurridos durante el año (Anexo 10). Durante el año se publicaron 41 artículos científicos, 81% de ellos en revistas ISI y SCOPUS. Además, se realizaron numerosas presentaciones en Congresos y se organizaron Seminarios y eventos científicos.

Los investigadores de MIDAP obtuvieron 6 nuevos proyectos, 5 de ellos nacionales y uno internacional, que nutren las líneas de investigación del Instituto. Todas estas actividades demuestran que MIDAP ha ido avanzando en la consolidación de un equipo de investigadores y jóvenes que van respondiendo a las preguntas de investigación del Instituto de manera productiva y colaborativa.

Formación

El objetivo del Instituto es continuar la formación de jóvenes investigadores de Chile, Latinoamérica, y otros países, y fomentar sus contactos internacionales a través de estancias en el extranjero e invirtiendo en la formación de doctorado y postdoctorado. Durante el 2016 MIDAP incluyó más de 100 investigadores en formación, en los roles de Investigadores Postdoctorales (5), estudiantes de doctorado (41), estudiantes de Maestría (26), estudiantes de pregrado (8), y asistentes de investigación (35).

Dos investigadores jóvenes y 2 ayudantes de investigación ingresaron el año 2016 al Programa de Doctorado en Psicoterapia, pasando a ser estudiantes doctorales de MIDAP, lo que demuestra la posibilidad de ascender en la carrera académica que otorga MIDAP. Asimismo, 6 estudiantes de doctorado

fueron seleccionados para realizar pasantías de investigación en centros de excelencia extranjeros, financiados por MIDAP o sus proyectos asociados, contribuyendo así a su formación como investigadores.

Redes

Durante el 2016 continuaron los trabajos con las redes existentes y se realizaron nuevas actividades colaborativas con diversas instituciones. Entre ellas se encuentra la firma del acuerdo de colaboración en el tema de Adolescencia y Personalidad entre MIDAP, el Instituto Médico Schilkut (Chile), y centros de investigación en Suiza y Alemania.

Además 3 de los proyectos que se adjudicaron durante el 2016, tienen un fuerte componente de colaboración internacional, lo que fortalece los vínculos internacionales de MIDAP. Cabe destacar el proyecto de colaboración internacional entre investigadores MIDAP de la Pontificia Universidad Católica de Chile y la Universidad de Chile con Heidelberg University (PII20150035 PCI-CONICYT), que permitirá un importante intercambio científico de investigadores y alumnos de postgrado durante 3 años.

El fructífero trabajo realizado a nivel de investigación en el área de e-Mental Health de MIDAP permitió durante el 2016 la adjudicación del proyecto de REDES150005 PCI-CONICYT con México y Colombia, que contribuye a posicionar a MIDAP como un referente en el tema de salud mental en Latinoamérica.

Durante este año, investigadores de MIDAP y Heidelberg University se adjudicaron un fondo para un Summer School en el tema “Social Processes and Mental Health” realizado en abril de 2017, en el cual participaron 4 investigadores de MIDAP, como docentes y 10 estudiantes latinoamericanos (algunos de ellos MIDAP) y 10 europeos, generando así colaboraciones entre todos los participantes.

Proyección al medio externo

En su segundo año de funcionamiento, MIDAP fortaleció la labor de difusión de su quehacer científico, lo que se tradujo en una serie de actividades que dieron cuenta de los avances y resultados de sus investigaciones. Los eventos organizados incluyeron a profesionales de diversos sectores: salud, educación, trabajo y a la ciudadanía en general.

En el sector educacional y de salud se implementaron talleres y charlas dirigidos a profesionales con más de 300 asistentes a los 7 talleres organizados en diferentes regiones de Chile. Se realizaron también 15 eventos de difusión que congregaron a más de mil personas, en varios de ellos con invitados internacionales. Estas actividades no sólo se ejecutaron en la capital de Chile, sino que se desarrollaron con gran éxito en otras regiones del país.

MIDAP tuvo una activa participación en eventos de divulgación científica de alta convocatoria. Se creó el slogan “Cuida tu Ánimo” y se entregó material psicoeducativo que incluye consejos sobre hábitos saludables y la enseñanza de técnicas y estrategias para regular las emociones, a un gran número de personas. También participó en el Primer Congreso del Futuro para niños y jóvenes, con la asistencia de cerca de 300 escolares y se continuó con los “Cafés Científicos” y actividades de divulgación científica con EXPLORA-CONICYT.

MIDAP ha potenciado su presencia en redes sociales y ha continuado teniendo una destacada y exitosa presencia en los principales medios de comunicación de Chile (65 apariciones en la prensa). De esta manera, MIDAP ha ido ampliando su cobertura, llegando cada vez a más personas, avanzando así en transformarse en un referente en temas de salud mental en Chile y la región.

Por lo tanto, los objetivos del Instituto se están cumpliendo a cabalidad, lo que se refleja en un desarrollo importante en las cuatro áreas prioritarias: investigación, formación de jóvenes, redes y proyección al medio externo.

2. Introduction

- a) **Description of the Institute:** The Millennium Institute for Research in Depression and Personality (MIDAP) is a scientific center that hosts professionals from various fields of the social and health sciences. The main objective of MIDAP is to generate scientific knowledge based on a multidimensional understanding of depression in interaction with personality, with the aim of maximizing the effectiveness of interventions through the identification of the agents and mechanisms of change present in prevention, psychotherapy, and rehabilitation. MIDAP's scientific team is comprised by over 150 researchers, students, collaborators, and technicians who belong to its five host institutions (Pontificia Universidad Católica de Chile [UC], Universidad de Chile [UCh], Universidad del Desarrollo [UDD], Universidad de La Frontera [UFRO], and Universidad de Valparaíso [UV]) and also to other Chilean and foreign institutions.

MIDAP is the product of the “Psychotherapy and Change Research Group” (www.psychotherapyandchange.org) and the “Psychological Intervention and Change in Depression” Millennium Nucleus. In the context of this prior research we tested a combination of psychological, psychosocial, and psychophysiological approaches. As a result, MIDAP's aim is to improve our understanding of depressive disorders by extending this multidimensional view to include a more differentiated analysis of personality and all the relevant dimensions involved in these disorders.

MIDAP's approach is multidimensional and interdisciplinary and is intended to generate an empirical model that takes into account the etiology, prevention, intervention, and rehabilitation of depression. This approach addresses the relationship between depression and personality, along with the multiple dimensions of human functioning that have been empirically linked to this disease. These dimensions include developmental, cognitive, emotional, and behavioral variables, as well as others of a psycho-physiological and genetic nature. The research methods used in MIDAP studies involve a variety of designs: cross-sectional and longitudinal, experimental and naturalistic, process- and outcome-oriented, and quantitative and qualitative.

The studies conducted in the four lines of research presented below are at the cutting edge of their fields and integrate all the dimensions mentioned. We expect the research results to have an impact not only on scientific knowledge but also on public policies, because the integration of the multidimensional characteristics of depression, its etiology, and treatment should make it possible to make better and more efficacious decisions about the indication, viability, and cost-efficiency of specific treatments. Therefore, this approach is consistent with the suggestions of the World Health Organization, which stress the need to consider the social determinants of health (economic, working, educational, and community-related conditions) in the organization of public policies.

- b) **Lines of Research:** MIDAP has four lines of research, each of which includes a number of specific studies conducted by interdisciplinary teams of academics from the fields of Psychology, Psychiatry, Genetics, Psycho-physiology, Neuroscience, Anthropology, and Sociology:
1. Basic bio-psycho-social structures and processes. This line of research focuses on the origins and the mechanisms that trigger, develop, and sustain psychological disorders. It involves the assessment of the multiple cultural, social, developmental, and psychobiological conditions involved in depression and personality.
 2. Health promotion and psychosocial prevention. This line of research focuses on evaluating the effectiveness of intervention strategies aimed at changing the early conditions associated with the development of depression and personality disorders, reducing the social exclusion of the psychologically handicapped, and fostering the capacities of mental health professionals.
 3. Psychotherapeutic interventions and change processes. This line of research focuses on the analysis of change processes and the effectiveness of psychological interventions. Two of its studies involve multinational process-outcome studies.
 4. Rehabilitation and reintegration. This line focuses on patient recovery and on decreasing the chronicity of depression.

The specific studies conducted as part of each line of research during 2016 are described in detail in section 3 (Scientific and technological research).

c) Organization of research teams: MIDAP is led by the Council of Associate Researchers, which holds monthly in-person meetings. The tasks of the Council include: organizing and coordinating all the scientific-academic activities of the Institute; actively participating in the research conferences held each semester; making decisions about the promotion of researchers belonging to the Institute; defining the rules of some internal tenders and selecting their beneficiaries; and making strategic decisions about the research conducted at the Institute, among other tasks.

Each study within the MIDAP lines of research is led by a Study Director and has a staff made up by Associate Researchers, Adjunct Researchers, Post-doctoral researchers, doctoral and master's students, and research assistants. In some cases, undergraduate students have participated. Thus, the main task of the Council of Associate Researchers is to coordinate and watch over all the aspects of said studies and all the activities that can be derived from them. Therefore, all the studies conducted in the four lines of research must be represented within the Council. In most cases, the Study Director is an Associate Researcher who represents the study before the Council. In other cases, the study leader is an Adjunct, Young, or Post-doctoral Researcher, but since there is always at least one Associate Researcher in each study, one of them represents the study within the Council. This course of action is intended to ensure coordination between the researchers of each category who work in each individual group as well as with MIDAP management. The Director of Research plays a relevant role in the coordination of research tasks within MIDAP. She works alongside Study Directors and the Council of Associate Researchers in order to ensure the fulfillment of the scientific objectives of the Institute. Regarding activities which are not scientific in nature but which are connected to research, the Council works together with the Director of Communication and Outreach (in charge of outreach, dissemination, networking, collaborations) and with the Director of Management and Development (leading capacity building, new projects, productivity, connections with other sectors, among other aspects).

The table in Annex 2 shows the names of the members of each line of research, with those of the leaders of each study highlighted in bold. When the leader is not an Associate Researcher, an asterisk is placed next to his/her name.

In early 2016, the Associate Researchers Eugenio Rodríguez and Alemka Tomicic informed that they would be unable to devote the amount of time to the Institute reported in the project's application. For that reason, they remained in MIDAP as Adjunct Researchers and continued leading the studies that they had started conducting, but without devoting the hours required to be Associate Researchers. In this regard, and as a result of the evaluation and reflection process conducted after MIDAP's first year of operation, the Council implemented a policy to promote younger researchers based on a number of assessment criteria. As part of the initial stage of this process, the Associate Researchers Guillermo de la Parra and Juan Pablo Jiménez freed their positions in the Council of Associate Researchers and took up other roles, which are equally or even more relevant for MIDAP's future: they joined MIDAP's Advisory Council of Senior Researchers alongside distinguished foreign researchers. This change allowed them to continue fulfilling their scientific-academic duties for MIDAP; thus, they continued leading the studies that they are conducting as part of the Institute's lines of research.

3. Scientific and technological research:

- a) **Current status of the lines of research:** The objectives of MIDAP are: (a) To provide scientific knowledge about depression and personality based on a multidimensional perspective that integrates cultural, social, developmental, psychological, psycho-physical, and genetic aspects; (b) To examine specific age-related characteristics associated with depression and personality during pregnancy/nursing, infancy, adolescence, adulthood, and older adulthood; (c) To generate knowledge that can nourish mental health policies for the development of improved prevention, therapy, and rehabilitation services.

MIDAP has 4 lines of research and 28 ongoing studies. To conduct the multiple studies previously mentioned, it is necessary to have different funding sources. Therefore, MIDAP studies receive funds from the Millennium Science Initiative (MSI) and other sources, being the MIDAP investigators encouraged to apply for national and international grants, in order to sustain and/or continue their research. Currently, out of 28 MIDAP studies, 20 (71%) are co-funded by MSI and other funding sources.

We will present **the questions** guiding each of MIDAP's lines of research and **the studies currently addressing them, pointing out their progress** during the reported period (for instance, indicating related productivity). Then, we will present the **relevant results** of some studies, indicating **aspects of the work that are being implemented in collaboration** with other research groups, relevant **achievements** (including the acquisition of equipment/facilities and other consequences of the research), and we will conclude with the **difficulties** and/or limitations encountered.

MIDAP's Line of Research 1 (MLR1): Basic structures and bio-psycho-social processes.

This line of research focuses on the origins and mechanisms that trigger, develop, and sustain psychological disorders. It is essential to keep in mind that MIDAP understands depression as a multicausal and multi-level phenomenon; intending, therefore, to evaluate all the cultural, social, developmental, and psychobiological conditions involved in depression and personality. The currently ongoing studies in this line tackle the following research question: **Considering each specific level, how are genetic determinants, bio-markers, and psychological and interpersonal variables associated – and interact– with depressive symptomatology, clinical depression, suicidality and people's subjective well-being?**

The studies being conducted at present are focused on genetic and cultural variables (EPPS_2: Gene-culture Interaction in Depressive Symptomatology and Subjective Well-being in Chile), genetic variables and bio-markers (EPPS_6: A Multidimensional Model of Depression), and psychological and interpersonal variables (EPPS_1A: Specifying the Assessment of Suicide Risk. A Study of the Psychosocial Variables Associated with Suicidal Behavior in Adolescents and Adults Seeking Help for Mental Health Problems; EPPS_1B: Subjective Construction of Suicide in Lesbian, Gay, Bisexual, and Transsexual (LGBT) Young People; and EPPS_1C: Longitudinal Study on Family Functioning, Adolescent Temperament, and Depressive Symptomatology in the Mother/Adolescent Dyad). Brief presentation of each study in **Appendix I**. During this year, two studies (EPPS 1B & 1C) finished recruiting participants and collecting information. The three studies (including EPPS_1A) which address psychological and interpersonal variables associated with depression and suicidal behavior have obtained relevant results. The studies EPPS_2 and EPPS_6 have continued with their recruiting processes. With respect to this, the study EPSS_2 has made progress in its information collection process, gathering 70% of its total sample. Currently, there are no preliminary results, since the analysis of the genetic samples will be done after finishing the recruiting phase. The study “A Multidimensional Model of Depression (EPPS_6)” is also still in the recruiting phase.

The results obtained from the studies of MLR1 have been presented at 18 national and at 13 international conferences, in 15 articles and included in several articles submitted for publication.

As a whole, these findings confirm the view of depression as a multicausal and multi-level phenomenon. Specifically, regarding suicide behavior, Morales et al. (papers n° 31 & 37) note that -for patients- this is *a long-standing process*. In this process, they distinguish predisposing factors along with more recent

triggers (past year); as well as one factor that triggers suicidal behavior. As predisposing factors, they highlight past family factors (interpersonal variables such as separations and/or losses) and personal traits during childhood. The situations considered as triggers include interpersonal, work, and school difficulties. Finally, all patients identify a trigger that initiates the suicidal behavior. This trigger refers to the *breaking of a bond* involving a close person, due to which a depressive affect emerges. This affect develops along with a subjective and categorical confirmation of a meaning created over a long period, such as: “I am no good/No one cares about me”, “there is no way out/there is no solution”. This experience leads to the certainty that “there is no other choice but to die”.

These results agree with those from the study on experiences of LGBT young people. The suicidal process of the LGBT young people shows a shared and recurrent experience, marked by a “history of complicated relationships”, linked to family conflicts and to significant figures who are perceived as threatening and are characterized by a homophobic and discriminatory discourse. These complicated relational histories provide the backdrop for the tension between acceptance and rejection of their sexual orientation (psychological level: Acceptance-Rejection Tension). This tension simultaneously involves others (through violent homophobic discourse, transgression of intimacy, and bullying) and the self. Homophobic violence is internalized, leading to stigma and hypervigilance. Within this context, the suicide act could materialize and express the notion that the individual feels weary, hopeless (Trigger), and has given up on attempting a developmental task that cannot be completed: that of affirming his/her own identity and establishing loving relationships. These results match the systematic review conducted by Tomicic et al. (2016, paper n° 9), which indicates that exclusion experiences (considering the exclusion/rejection-inclusion/acceptance continuum in interpersonal relationships), such as a lack of social support, family rejection towards gender identity or sexual orientation, and even internalized homophobia, increase suicide risk. Actual aggressions, such as physical, psychological, or sexual abuse, also increase the risk.

In addition, the findings of the EPPS_1A study, show that age –as a marker of a developmental stage and therefore of developmental tasks to be fulfilled– works by differentiating suicide risk and the profile of its protective and risk factors, thus confirming the need to study the depressive phenomenon throughout the life cycle. In this study, a subsample of 544 participants was segmented (61% WSR [with suicide risk] displaying ideation and/or an actual suicide attempt, and 39% WNR [with no risk] for at least a year) using variables related to attachment and personality styles (dependency and self-criticism), as well as sociodemographic and clinical information. Results indicate that the most relevant variable for the segmentation of subjects is age, with 3 clusters being established: 1) Adults: middle-aged people, with a stable partner and children (271 participants, 49 years old on average, 86% women; 62% WSR); 2) Young people with no stable partner or children, with tertiary studies (106 participants, 29 years old on average; 66% women, 58% WSR); 3) Developing Adolescents, who live with their families of origin, single with no children, mostly students (102 participants, 18 years old on average, 65% women, 75% WSR).

According to international studies, the presence of major depression works as a suicide risk factor in all clusters. Besides this, it was observed that believing in one’s own abilities to tackle problems works as a protective factor in all three groups. It is worth noting that the most relevant risk factors for suicidal behavior are interpersonal variables, which may acquire certain features in relation to the developmental tasks of each age. Thus, “adults” experience anger in their social interactions, their suicide risk increases. In turn, perceiving one’s mother as someone with little empathy and who encourages dependence, is a risk factor in the group of “young people”. In the adolescent group, characterized by a dependent style, the perception of the mother oscillating between overprotection and negligence, and feeling distress in one’s interpersonal relationships, increases suicide risk; whereas perceiving maternal care during childhood is a protective factor.

Bond ruptures are both a predisposing factor as well as a trigger in the suicidal process of people with depression, with those related to the family network being especially relevant. Family relationships have been widely studied as protective factors vs. risk factor for depression, depending on the quality of such

bonding. In this regard, when considering specifically how maternal depression impacts family functioning and the development of symptoms within the family context, preliminary results from the EPPS_1C indicate that: a) family cohesion levels, reported by both mothers and adolescent children, were higher in mothers without depression than in mothers with minor or moderate/severe depression. Also, the presence of depressive maternal symptomatology impacts the agreement level between mothers and children regarding how they perceive the functioning of the family; b) the presence of depressive symptoms in mothers and their children has reciprocal effects; thus, symptomatology in mothers is related to an increase in the symptomatology of adolescent sons and daughters and vice-versa; c) mother-children conflicts regarding everyday situations and social interactions with peers mediate the relationship between maternal depressive symptomatology and depressive symptomatology in adolescents.

Additionally, progress has been made in terms of our theoretical understanding of how the aforementioned levels (genetic determinants, bio-markers, and psychological and interpersonal variables) may interact in the development of depression. Considering that major depressive disorder (MDD) is a chronic disease whose neurological basis and pathophysiology remain poorly understood, in the past it was proposed that genetic variations were responsible for the development of this disease. Nevertheless, several studies within the last decade have provided evidence suggesting that environmental factors play an important role in MDD pathophysiology. In this regard, the review entitled “Epigenetic Modifications of Major Depressive Disorder” (Saavedra et al., 2016, paper n° 10) explains how alterations in epigenetic mechanisms, such as DNA methylation, histone modification, and microRNA expression could favor the advance of MDD in response to stressful experiences and environmental factors.

In addition, the preliminary results of the EPPS_6 study show that different personality profiles react differentially to stress. People with a high level of self-criticism (introjective profile) displayed increased physiological reactivity to stress accompanied by a normal subjective response. The reverse pattern – normal physiological response and heightened subjective stress – characterizes dependent people (anaclitic profile). These findings stress the importance of studying how personality can impact the development of depression and be relevant for its treatment.

To summarize, besides the multicausal nature of depression, the clusters defined –as markers of a developmental age, and therefore, of developmental tasks to be fulfilled– confirm the need to study the depressive phenomenon throughout the life cycle. At a general level, we can observe that ruptures in early bond constitute risk factors for the development of depressive symptomatology and suicidal behavior. Problems in interpersonal relationships, for example, conflicts within the family, help explain depressive symptomatology in adolescents, while experiencing anger in social interactions increases suicide risk in adults. Regarding difficulties achieving developmental tasks which may impact the course of depression, several risk conditions have been identified: the process of acceptance/rejection of one’s own sexual orientation, problems establishing relationships with partners in the case of LGBT adolescents, and difficulties gaining independence from their families of origin in the case of the “young people with no engagements” group.

These findings were obtained by MIDAP members **in collaboration with other researchers and/or research groups**. Examples include the collaborative work in the study EPPS_1A with the Center for Mathematical Modeling, Department of Mathematics, Engineering and Science, a collaboration that has allowed us to access state-of-the-art processing and analysis methods (for example, use of Data Mining and Machine Learning) for developing a predictive model of suicide risk (Barros et al., 2016, paper n° 30) and the collaboration with Chile/Genómico Project in study EPPS_2 for performing the ancestry analysis of the sample.

In addition, other collaborations have been established with four national research centers that are conducting longitudinal studies, in order to encourage them to include mental health, specifically depression, as a relevant variable. Currently, the Longitudinal Survey of Intercultural Relationships by the Center of Intercultural and Indigenous Studies (Centro de Estudios Interculturales e Indígenas, CIIR), the MAUCO study by the Advanced Center for Chronic Diseases (ACCDIS), and the panel study by the

Center for the Study of Social Conflict and Cohesion (COES) have included depression and other relevant variables in their initial measurements. A similar strategy was adopted in our contact with the Center for Surveys and Longitudinal Studies, which is expected to perform the third measurement of the Early Childhood Longitudinal Survey.

A methodological **achievement** was obtained in the study EPPS_1B, whose team developed the qualitative analysis method “Discovery-Oriented Biographical Analysis” (Duarte, Tomicic, Fischersworing, Martínez, & Suarez, 2016). The distinctive feature of this analysis is the combination of two analytical strategies: an open coding procedure based on Grounded Theory and procedures for analyzing autobiographical narratives. This makes it possible to reconstruct a common and shared narrative about the issue examined, distinguishing contextual elements and cultural references, as well as phases, milestones, and causality attributions which surround it, all this based on the subjective experience of the participants.

It is also worth noting that Mariane Krause (Associate Researcher, Director of MIDAP) was invited by the American Association of Psychology (APA) to write the chapter “Community as a multifaceted concept” (Krause & Montenegro, 2016, paper nº 35) for the Handbook of Community Psychology. This text discusses how transformations in social relationships within the community impact bonds of trust and affiliation to the detriment of people’s mental health, especially in terms of depression, which highlights its multidimensional nature.

Also, Luis Salazar (Associate Researcher, Universidad de la Frontera) obtained a grant from the FONDEQUIP Fund for Scientific and Technological Equipment (EQM 150126) for the project “Implementation of a Multipurpose Mass Sequencing Center for Supporting Lines of Research in the Araucanía Region” (186.592.063 CLP), which will allow us to conduct studies related to the “Genetic and Epigenetic Bases of Depression” (among other topics). The funds received were used to purchase a state-of-the-art nucleic acid sequencer (MiSeq). Its use at a diagnostic level will allow us to analyze a greater number of genetic variants at a lower cost. The mass sequencing technique that MiSeq uses will allow us to study DNA sequences at a genomic scale, which will generate a great amount of data which, after being analyzed, will enable us to detect genetic variants related to the development of pathologies and the effectiveness of the pharmacological response inherent to the local population. This will permit us to continue identifying clinically useful genetic variants much more quickly, which may result in proposals for the prediction of risk and therapeutic response in more “applied” clinical research settings. In this regard, it should be noted that Chile already has a market for such clinical support tools; however, the ones available are usually based on genetic variants not validated in Chile.

Finally, it is necessary to mention some difficulties and challenges for the execution of MLR1 studies. In general, given the increase of study proposals presented to Chilean agencies, together with the maintenance of the funds assigned to research, a lower rate of projects is being funded. Therefore, one of the difficulties encountered during the present year was that the researcher team of EPPS_1A unsuccessfully applied for a national grant to conduct a follow-up intervention for individuals seeking help due to a suicide attempt or suicidal ideation. Nevertheless, the researchers are planning a new application for the present year, targeting other funding sources.

MIDAP’s Line of Research 2 (MLR2): Health promotion and psychosocial prevention.

This line of research focuses on assessing the effectiveness of intervention strategies aimed at changing the early conditions associated with the development of depression and personality disorders, reducing the social exclusion of people with psychological disabilities, and fostering the treatment capabilities of mental health professionals. The currently ongoing studies are mainly focused on two research areas:

i) Given the context of mental health care in Chile, a first question is if it is feasible to implement depression prevention programs for children, adolescents, adults, and families?; and how effective they are. Eight studies address these questions. The studies “Attachment and Mentalizing Intervention for Caregivers of Preschoolers” (PSPS_2A); “Video-Feedback Intervention Focused on Bond Quality and

Parental Reflexive Functioning, Aimed at Mother-Father-Child Triads” (PSPS_2B); “Piloting of a Preventive Intervention Program in Depression for Chilean Families” (PSPS_2C); and “Implementation and Evaluation of the Effectiveness of an Evidence-Based Psychoeducational Program in a Group of Family Caregivers of People with Dementia” (PSPS_5), are studies whose intervention programs have been adapted to the local reality, are brief, and are intended to modify interactional or bond-related variables between parents and children. Additionally, the studies “Feasibility and Acceptability of the Piloting of a Staggered Internet-Based Program for the Prevention and Early Intervention of Depression in Secondary School Students in Santiago, Chile, and Medellín, Colombia” (PSPS_3A), “SIN e-STRES” [Without E-Stress] (PSPS_3C), and two newly initiated studies (Efficacy of a Staggered Internet-Based Program for the Prevention and Early Intervention of Adolescent Depression, PSPS_3D; Pilot Study and Clinical Trial of an Internet-based program for the Prevention and Early Intervention of Adolescent Depression) are using innovative interventions based on information technologies. A brief overview of each study is included in **Appendix I**. During the current year, three of these studies (PSPS_2A; PSPS_2C; PSPS_3B) finalized their information collection processes, in addition to the study “Mindfulness and Health Promotion in Schools” (PSPS_3B), which’s data collection process was completed in 2015. The other studies are still carrying out their usual activities: recruiting, data collection, or follow-up of participants. PSPS_3A –to date– has recruited 226 participants and is currently performing follow-up processes; PSPS_2B has recruited 78 father-mother-son triads (out of an estimated total sample size of 100 triads); and PSPS_5 incorporated 68 participants during this year, thus reaching a sample size of 76 (49% of the total sample to be recruited).

ii) What aspects of health care must be improved in order to provide better care to people with depression, including aspects of the health care system, health care institutions, and health professionals?; what should characterize interventions intended to improve health care for people with depression?; do these interventions for mental health teams result in better clinical outcomes in patients with depression who have received treatment? Two studies address these research questions: “Social Representations of Old Age in Health Professionals and Their Relationship with the Diagnosis of Depression in Older Adults” (PSPS_1A), and “Comprehensive Technology-Assisted Training and Supervision Program to Enhance Depression Management in Primary Care”; PSPS_4A). During the current year, PSPS_1A study developed a measurement tool for the diagnosis of depression in elderly adults based on clinical vignettes. Data collection has started and some preliminary results are already available. The second study (PSPS_4A) has completed the patient follow-up stage and has obtained relevant results.

Several findings have been made in all studies. Their results have been presented at 18 national and 17 international conferences. In addition, they have been published in 9 papers and included in articles submitted for publication.

Taken together, these findings suggest that, in our local context, it is viable to develop prevention strategies for depression, and that these strategies are effective, even when different age groups are considered. For example, the PSPS_2B study shows that it is viable to implement, in our local context, a preventive intervention based on video-feedback (home visits) for families with children under 3 years of age (early childhood). Preliminary results indicate that this approach reduces depressive symptomatology in mothers, increases parental sensibility in both parents, and improves the quality of relationships within the mother-father-child triad, in comparison with the control group (where the pre-intervention levels are maintained). Increased parental sensitivity and the general improvement of the quality of family relationships appear to act as protective factors in the development of depression in children. Also, it is worth mentioning that the preventive intervention in children also functions as a treatment strategy for the mothers, by reducing their depressive symptomatology.

Regarding the preschool phase (3-5 years), the pilot psycho-educational group intervention aimed at promoting attachment and mentalization in parents and teachers of preschoolers (PSPS_2A) was proven to be viable and effective at improving parental competences and the use of language in mentalizing terms (through emotions and cognition) in adults; in addition, it reduced parental stress and attachment anxiety.

In general, results show that these variables improved in the intervention group, while in the control group these variables remained stable or worsened. Having adults –parents and educators– with better competences improves bonds, while their increased mentalizing ability may prevent the development of psychopathology in pre-school children.

Regarding the school phase (6-12 years), the “Active Family” intervention, a cultural adaptation of the Preventive Intervention for Depression by W. Beardslee (PSPS_2C), was considered to be viable, because 100% of the eligible families recruited agreed to participate in the intervention, and all completed the intervention (with 100% assistance to sessions). In addition, acceptability indicators were found to be adequate, showing that 81.3% of the families reported the highest possible satisfaction level, 85.4% referred to the intervention as “fully useful”, and 75% stated that they could apply the contents of the intervention to their daily life. Also, most participants were highly satisfied with the length of the sessions (79.2%), their location (75%), and the materials used (85.4%) throughout the intervention. Finally, even though it was a pilot study, our research shows that family interventions within the community are viable and effective in both children and adults. The intervention group displayed a reduction in maternal depressive symptomatology, better parental competences regarding interaction and bonding with their children, improved reflexive capacities with respect to their children, and better personal functioning. In the case of children of depressed parents, the present intervention helps reduce internalizing and externalizing symptomatology and prevents the occurrence of depressive symptomatology.

In the adolescent group (12-18 years old), MIDAP is developing several intervention programs. The quantitative results of a group intervention based on Mindfulness (PSPS_3B) show that –in addition to the results informed by the participants in the 2015 report– this is an effective approach to reduce depressive and anxious symptoms in adolescents compared to the post-intervention measurements in the control group. Nevertheless, when considering the follow-up 3 and 6 months after intervention, the effectiveness of the Mindfulness program regarding general symptomatology in adolescents did not differ from the control group (paper sent to publication). Studies PSPS_3A and PSPS_3D have yet to complete acceptability and effectiveness measures.

In adults, a web-based intervention program for people with posttraumatic stress was created in order to prevent the development of depression, given the high comorbidity of both pathologies in this group (specific prevention). Results show the acceptability and feasibility of SIN-E-STRES, an adjunct Internet-based intervention for patients with work-related post-traumatic stress disorder. Forty-five patients were registered to use SIN-E-STRES. The compliance with the program’s weekly monitoring was recorded, being the overall monitoring response rate 35%. Users made predominantly positive evaluations. However, these results indicate that the program may be especially useful for patients who are frequent internet and email users.

With respect to mental health care, our view is that it must be improved in order to provide better care to people with depression. Specifically in one age group, The study “Social Representations of Old Age in Health Professionals and Their Relationship with the Diagnosis of Depression in Older Adults” (PSPS_1A) reports the presence of negative stereotypes towards older adults in a sample of health professionals, displaying the dimension “characteristics of adult personality” the highest level of stereotypes. Additionally, the preliminary results indicate that professionals are able to adequately diagnose depression in elderly adults; nevertheless, in the cases of patients over 60 years old health professionals displayed a bias towards the positive assessment of dementia, which may imply that, when considering similar symptoms, there is a tendency to diagnose more dementia than depression within this age range.

The results of PSPS_4A published so far allow us to conclude that the Comprehensive Technology-Assisted Training and Supervision Program is well accepted by primary health care teams (N=41 health professionals); however, its clinical impact on patients still has to be evaluated. The trainers, the methodology used, and the learning environment were considered to be strengths and facilitators of the program, while the limited duration of the training, the logistical problems faced during part of the program, and the lack of educational material were viewed as weaknesses (paper nº 2). Additionally, a

secondary analysis of databases of this clinical trial (basal measurement) was conducted to characterize the depressed people who seek care at Primary Health Care Centers (PHCCs), taking into account the presence of chronic physical or psychiatric comorbidity. It was concluded that depressed individuals who seek help at PHCCs constitute an especially complex population that must be treated taking into account multiple comorbidities. For example, 70% of patients had a history of depression; depressive symptoms mostly ranged from moderate to severe and 31% of the patients had high suicide risk; 68% displayed a physical or psychiatric comorbidity. Of these patients, only 29% had a chronic physical comorbidity, while 46% suffered from an additional psychiatric disorder (paper sent to publication). The analyses required to report the effectiveness of this program in the further evolution of patients with depression are still ongoing.

To summarize, the studies conducted show the viability and effectiveness of several prevention strategies for depression, which are characterized by approaching relevant aspects of each age group. For example, they impact parental sensitivity in both parents, improve the quality of the bonds developed in early childhood and preschool, and the mentalizing capacity in preschool and school children. Even though these interventions had a preventive approach, some of them were capable of reducing depressive symptomatology in individuals who already suffered from depression (e.g. mothers). Finally, the interventions conducted are examples of both universal prevention and prescribed prevention, that is, they target people who are at risk or at a high risk for developing depression.

These findings were the result of the work of MIDAP members, **in collaboration with other researchers and/or research groups**. For instance, PSPS_2C study was conducted within the framework provided by the bilateral collaboration agreement signed with Harvard University (Harvard Medical School). The PSPS_3C study originated a collaboration network with the School of Applied Psychology, ZHAW, Switzerland, which has been growing and currently includes professionals from Italy, Vietnam, and Russia. Within this collaboration, MIDAP is expected to conduct applied research intended to prevent depression in childhood and adolescence.

The **achievements** obtained during this year by the teams that investigate depression prevention include two external research grants. This allowed two studies to start in 2016: “Efficacy of a Staggered Internet-Based Program for the prevention and early Intervention of Adolescent Depression”, which examined prevention in teenagers using information technologies (FONDECYT 1161696), led by the Associate Researcher Vania Martínez, and “Pilot Study and Clinical Trial of an Internet-Based Program for the Prevention and Early Intervention of Adolescent Depression” (COLCIENCIAS-Colombia), to be conducted in Colombia, led by the researcher Daniel Espinosa, whose team includes two MIDAP Associate Researchers (Mariane Krause and Vania Martínez). These projects strengthen MIDAP’s already developing research in e-mental health. During March 2016, this research area was additionally reinforced by a national grant by CONICYT’s International Cooperation Program for the creation of an international cooperation network between research centers, entitled “E-Mental Health for Depression: Latin American Experiences (REDES150005), led by the researcher J. Carola Pérez. This network fosters the relationship with researchers from Mexico and Colombia, who are now implementing prevention strategies for depression through information technologies in their countries.

Because of the applied nature of the research conducted within this line of research, the knowledge generated in several studies (PSPS_2A; PSPS_2B; PSPS_5) has been transferred to workshops, seminars, and training programs, as well as to other outreach activities and continuous education programs, aimed at both health and education professionals. The Outreach Section (page 30 of this report) provides specific data about the activities carried out. These initiatives have established MIDAP as a point of reference in the field of depression prevention and mental health promotion.

Finally, in terms of **difficulties and limitations**, some of the intervention programs have been implemented using small samples, have had short-term follow-up phases, and/or have been assessed with non-randomized designs. Among other causes, these limitations are due to the fact that the interventions conducted have received limited funding (in terms of the amount and duration of the funds allotted). These

restrictions, along with the absence of cost/effectiveness studies, limits their scalability to health care services at a national level. In this regard, it is a **challenge** for MIDAP's researchers to make their findings known to health decision makers, create alliances with health and education institutions capable of escalating previously-implemented interventions, in order to carry out studies which can be generalized to a broader population.

MIDAP's Line of Research 3 (MLR3): Psychotherapeutic interventions and change processes.

This line of research focuses on the analysis of change processes and on the effectiveness of psychological interventions, intending to answer the following questions: **What are the characteristics of patients, therapists, and therapeutic models associated with the therapeutic process and its outcomes?; what change mechanisms are involved in the generation of therapeutic outcomes?; what type of interactions occur between the profiles of patients and/or therapists, process variables, and psychotherapeutic outcomes?**

Currently, three studies are focused on the therapeutic effectiveness of psychological interventions: “Mindfulness, Depression, and Personality: Researching Mind-Body Correlates in the Generation and Relief of Suffering” (IPCC_2); “Evaluation of the Effectiveness of Adolescent Identity Treatment (AIT): Assessment of the Psychotherapy Process and Outcome in Adolescents Diagnosed with Identity Diffusion” (IPCC_3A); and “Effectiveness of a Computer-Assisted Cognitive-Behavioral Therapy for Adolescents with Depression in Primary Health Care” (IPCC_3B). In addition, the study entitled “Psychotherapy Follow-up: The Participants' Perspective” (IPCC_4) is developing a model of therapeutic success/failure from the perspective of patients, their relatives, and therapists. Furthermore, three studies: “Types of Depression, Therapeutic Alliance, and Their Relation with Therapeutic Outcomes and Dropouts” (IPCC_3G), “Distinctions in the Diagnosis and Prognosis of Depression in Psychotherapy: Relational Patterns, Internal Conflicts, and Vulnerabilities of Psychic Functioning and Their Relation to Psychotherapy Process Variables” (IPCC_1A); and “Evaluation of the Impact of the Application of the Operationalized Psychodynamic Diagnosis System” (IPCC_1B) incorporate the characteristics of patients –prior to treatment– to define patient profiles and link their characteristics with the therapeutic process and/or outcomes. A key element in these studies is that personality is regarded as a relevant variable.

On the other hand, study IPCC_3A, mentioned above, and the studies entitled “Electrophysiological Correlates of Depression and Psychotherapy” (IPCC_3C); “Mentalizing and Change in Psychotherapy for Patients with Personality Disorders” (IPCC_6B), and “Discourse-Voice Regulation Strategies in Psychotherapeutic Interaction During Long-Term Psychotherapies” (IPCC_6C) mostly focus on the change mechanisms involved in therapeutic outcomes, paying attention to change episodes and indicators, emotional regulation, mentalizing, and the establishment or rupture of the therapeutic alliance. In general, these studies involve the examination of video recordings of full therapeutic processes) and the micro-analysis of relevant moments or events. Studies IPCC 6B & 6C focus –in addition– on the patient-therapist interaction process. Finally, study IPCC-3C constitutes a unique step forward in the field of psychotherapy, as it relates brain functioning (of the patient and the therapist) with in-session change markers. All studies are outlined in **Appendix I**. During 2016, 4 studies (IPPC_1A; 1B, 2 & 3B) completed their recruiting and/or data collection processes, joining the other 2 studies (IPPC_3C, 3G) that had completed these processes during the previous year, while the others are still collecting data.

All these studies have yielded several findings, with results presented at 54 national and 42 international conferences; 14 published articles and several articles submitted for publication. The partial and final results of these studies allow us to provide several answers to the questions of this line of research:

Patients seeking help for depression display less integration in their personality structure compared to people without depression, confirming MIDAP's theoretical view that depression is anchored in personality¹. In fact, results of several of our studies show that patients' personality characteristics

¹ It is important to mention that MIDAP's perspective on personality combines different conceptual perspectives, including the traditional “categorical” perspective (i.e. the structural model proposed by Otto Kernberg); complemented with the

(including personality pathology), levels of functional integration (OPD), or styles (dependent versus self-critical), are relevant for the evolution of psychotherapy, allowing us to predict adherence to psychotherapy, and are related to outcome.

At the beginning of psychotherapy, and from a dimensional perspective on personality, patients with depression (or depressive symptomatology) display greater vulnerability of personality structure (due to being less integrated), show self-regulation and self-perception deficits, and greater dependence or self-criticism, compared to nonclinical population. Besides, by examining in more depth the link between dependency and self-criticism and depressive symptomatology, Rodríguez et al. (article nº 12) found that people (non-clinical sample) with higher levels of dependency display a cognitive bias and score lower in cognitive tasks. In contrast, higher self-criticism relates to a poorer ability to recognize emotions in other people's faces; therefore, these individuals display an emotional-social bias (not a cognitive bias). The results of this study indicate that, when there is greater depressive symptomatology, precision in cognitive tasks is reduced; nevertheless, symptomatology is not associated with the facial recognition of emotions.

With respect to the characteristics of people seeking help and their adherence to psychotherapy (IPCC_3G), the naturalistic follow-up study of adult patients being treated for depression found that the dependency and self-criticism, measured before treatment, predict the probability of dropout in brief psychotherapies (6 to 12 sessions)². Results indicate that the greater the self-criticism, the greater the dropout probability; and the greater the dependency, the lower the dropout probability.

Regarding the effectiveness of therapeutic models, the intervention based on the Operationalized Psychodynamic Diagnosis (OPD-2) improved the structural functions of adult patients, although it did not surpass treatment as usual in the reduction of depressive symptomatology. It was also proven, with a quasi-experimental design, that –at 6 months– psychotherapies using the OPD-2 as a diagnostic tool (De la Parra, Gómez-Barris, & Dagnino, 2016; article nº 37) for orienting the formulation of goals and therapeutic strategies surpassed the usual treatment of adult patients with depression who attend secondary level health centers, although only in terms of an increase in self-perception. Nevertheless, this intervention did not surpass the usual psychological treatment in terms of depressive symptomatology reduction.

Mindfulness-Based Cognitive Therapy (MBCT) proved to be effective in the treatment of adults with mild/moderate depression symptoms. Specifically, in a pre-post study, MBCT reduced the patients' subjective distress and improved their observation and non-reactivity capacity regarding their experiences, thus revealing to them a new way to experience difficult emotional states. Similarly, with this intervention, a greater integration of personality was achieved in the “self-perception” and “self-regulation” personality functions. The first function refers to self-reflection, emotional differentiation, and the configuration of personal identity, while self-regulation makes it possible to manage impulses and regulate self-esteem.

Additionally, through a randomized controlled trial, it was proven that computer-assisted face-to-face psychotherapy –at 4 and 6 months– surpassed the usual treatment of adolescents in primary health care centers, reducing their depressive symptomatology.

Change mechanisms are addressed both by studies focused on depression (IPPC_2; IPPC_4) and on personality disorders (conceptualizing personality from a categorial perspective) as it is in the studies IPCC_3A and IPCC_6B. Regarding the question of which change mechanisms are involved in the generation of therapeutic outcomes, to date, findings have singled out reflexive functioning, emotional regulation, and –in children and adolescents– the therapeutic alliance as mechanisms that underlie psychic change.

“dimensional” conceptualization of personality that can be found in the model of Operationalized Psychodynamic Diagnosis (OPD-2), which seeks to establish a patients functioning profile, considering dysfunctional relationship patterns, conflict, and the level of structure integration; as well as in the model proposed by Sidney Blatt which, defining “personality styles”, distinguishes two types of depressive experiences: anaclitic (or dependent) and introjective (or self-critical).

² These types of brief therapies are covered by the Explicit Health Guarantees (Garantías Explicitas en Salud, GES) in Chile.

Even though reflexive functioning is considered to be both a relevant mechanism for therapeutic change and a result of this process, there are no previous studies which show when and how this phenomenon appears during the psychotherapeutic process. The available partial results (IPPC_6B) show that reflexive functioning (RF) is a phenomenon which appears sporadically during the patient-therapist interactions, being more frequent in “relevant episodes” of psychotherapy, such as change and rupture episodes. Although RF exemplars are found in similar proportions in both types of episodes, RF is more likely to fail during rupture episodes. With respect to RF quality, change episodes include more exemplars with better RF, while rupture episodes display more exemplars with poorer RF. Finally, both types of episodes displayed differences between therapists and patients in terms of RF, with RF failing more in the patients during rupture episodes.

Regarding emotional regulation, the partial results of the qualitative component of the study on the effectiveness of MBCT (IPPC_2) show a change in the management of negative emotions which appears to characterize patients with depressive symptoms. So, before the treatment, these individuals avoid negative emotional experiences, have difficulties identifying the emotions experienced, and engage in a rumination process which sustains the negative emotion over time. In contrast, after being trained in the practice of mindfulness, they experience difficult emotions differently, approaching, opening up to, and accepting the experience in an embodied manner, putting up less resistance and taking refuge in the cognitive to a lesser extent – a new approach to emotional regulation for them.

The partial result of qualitative study IPPC_4 shows that the therapeutic relationship is regarded by the participants, both children and adolescents, as a key facilitator of therapeutic change. In children, the global valuation of psychotherapy is indivisible from the therapeutic relationship, being therapy and the therapist perceived as inseparable. The therapist’s playful style, emotional closeness, and communication are elements that children patients visualize as change facilitators within a helping relationship. Adolescents identify as relevant characteristics of the therapeutic relationship the progressive development of trust, closeness, and empathy, with psychotherapeutic work being a form of horizontal, reciprocal, and mutual collaboration. Aspects identified as relevant for the construction of this relationship include a collaborative and receptive attitude in patients, and likability, honesty, kindness, interest, and commitment from the therapists’ part, along with their listening and trust-generating capacity.

Finally, the results of the case study that records the cerebral function (by ECG) of a female patient during a long-term psychotherapy (50 sessions, IPCC_3C) show a strong link between a predominance of right alpha lateralization and a significant increase in anxious and depressive symptomatology. In contrast, a predominance of left alpha lateralization is linked to a reduction in this symptomatology. Similarly, the difference between clinical and subclinical alpha lateralization reveals a right-sided remnant activity that may be related with persistent emotional and cognitive dysfunctions reported by the patient. These results indicate that changes in cerebral dynamics do occur during psychotherapy and that alpha lateralization can be useful as a marker of patients’ symptomatological fluctuations.

Regarding the question “What type of interaction occurs between the profiles of patients and/or therapists, process variables, and psychotherapeutic outcomes?”, findings show how some of the previously identified change mechanisms –reflexive functioning, therapeutic alliance– manifest themselves in successful psychotherapies. Additionally, patient-therapist communication, which occurs moment-by-moment during the therapeutic process, enables us to account for intra-individual changes (in the patient), mutual regulatory processes (patient-therapist interaction), and the way in which these exchanges shape psychic change during the sessions as well as success throughout the process. In children and adolescents, findings highlight the need to broaden our view of what constitutes a successful process for its participants, for example, considering the changes observed in parents and/or caregivers.

The partial results of study IPCC_6B show that –in a long-term “successful” psychotherapy– RF quality displays the highest degree of variability between patient and therapist in its middle phase and tends to increase during the last phase of the therapy. This last phase displays the strongest correlation between

therapist and patient RF scores, which hypothetically indicates that the quality of the shared reflexive capacity is synchronized during psychotherapy.

The partial results of qualitative study IPPC_4 show that –in adolescents– the therapeutic relationship (TA) is an essential element for staying in psychotherapy and lowering initial resistance to the process. In line with these findings, Fernandez et al., (2016, article nº 1) report that adolescent-perceived TA and the bond component of therapist-perceived TA are positively correlated with therapeutic outcomes.

Psychotherapy is a communication act in itself. Thus, what is said and how it is said –in patient-therapist interaction– reflects the change process (or a lack of change). In this regard, Krause et al. (2016; article nº 13) report that use of “Questioning” is associated with a poorer therapeutic outcome. The fact that both participants utter more questions in unsuccessful therapies may reflect their need to further check or negotiate meanings while trying to reach a shared view in a process where consolidating change is becoming difficult. The use of statements considered to be true (“Asserting”) is associated with psychic change only in change episodes. Change episodes end at the change moment, and this involves the generation of a ‘new certainty’ that appears to be marked by the increased use of Asserting later on in the episode. Finally, the use of “Agreeing”, that is, using statements that acknowledge the truth of another statement, is associated with greater psychic change both in change episodes and throughout the therapeutic process.

This verbal expression of patients and therapists can also be analyzed through “discursive positions”. The model of discourse positioning developed by C. Martinez (Associated Researcher) distinguishes 3 positions for patients: “Reflexive”, “Dependent” (patients position themselves subjectively as dependent, weak, damaged, and/or vulnerable), and “Independent” (expressing that they do not require the help of others); and 2 for therapists, “Proposer” and “Professor” (therapist as bearer of a truth or knowledge; Moran et al., 2016; article 7). A case study, a female patient in a successful long-term psychotherapy (IPCC_6C), shows that the reflexive position of the patient and the propositional position of the therapist contribute to the development of important psychological and relational abilities, expressed in aspects such as work alliance, reduced dissociation, and the generation of mentalizing dialogues, among others. Throughout the therapeutic process, a reorganization of subjectivity can be observed in two levels: a) within-session, oriented towards the regulation or production of a certain interactional situation (change episode vs. rupture), and b) between sessions, throughout the therapeutic process, when the dependent subjective position of the patient is reduced.

Finally, the partial results in the qualitative study (IPPC_4), regarding the concept of successful psychotherapy from the perspective of the children and young adolescent patients, identify the following successful therapeutic indicators: behavioral, relational-affective, and cognitive changes, as well as changes in identity and/or representation of the self. In addition, particularly in children, changes in the parents or at the family level were identified (e.g. greater empowerment in the exercise of the parental role). It is also worth noting that even though adolescent patients, their families, and therapists can perceive changes associated to the psychotherapy, therapists mostly identify symptomatic and behavioral change, adolescents focus on intrapsychic/affective change, and patients’ relatives agree with both perspectives.

The above findings are the result of the work of MIDAP members **in collaboration with other researchers**. Studies IPCC_1A and 1B benefited from the collaboration of Henning Schauenburg (Heidelberg University), one of the developers of the Operationalized Psychodynamic System (OPD), who met in Chile with members of these research teams in November 2016. IPCC_3A is a multinational study, involving the constant coordination of researchers Klaus Schmeck, Susanne Schuleter-Mueller (Basel University, Switzerland), Michael Kaess from Heidelberg University (Germany), and Instituto Médico Schilkrut (Schilkrut Medical Institute, Chile). As part of this project, in 2016, Ronan Zimmermann (Basel, Switzerland) completed a research residency during which he was trained in the identification of change and rupture episodes, employing this knowledge to contribute to the study underway at Basel University. During 2016, studies IPCC_6B and 6C began collaborating with Howard

Steele and Miriam Steele, from the Center for Attachment Research, USA. The center is engaged in the application of attachment theory to clinical and developmental research questions concerning child, parent, and family development. These researchers visited Chile in July 2016. Additionally, within the framework of this collaboration, it was agreed that a PhD student from MIDAP, who is working on his doctoral thesis within study IPCC_6B, would conduct a residency during 2017 at the Center for Attachment Research. During August 2016, study IPCC_4 was visited by Lynne Angus (York University, Canada) which broadened the collaboration network.

An **achievement** of this line of research was the funding obtained by the Project entitled “Affective Disorders and Personality: Disease Mechanisms and Mechanisms of Change in Psychological Interventions” (PII20150035 PCI-CONICYT, April 2016). The creation of this project was possible thanks to the longstanding collaboration between MIDAP researchers and Heidelberg University, which complements the studies already being conducted in MLR3. Another **achievement** of this line was the development of a Mentalizing Coding System that can be applied to the study of the therapeutic process: an adaptation of the Reflexive Functioning Scale (RFS, Fonagy 1998) that considered its applicability to the Adult Attachment Interview (AAI) in a psychotherapy context. This approach was used to generate a system that makes it possible to identify exemplars of Reflexive Functioning (RF) in patients and therapists. This tool has allowed us to carry out in Chile one of the few existing studies on RF during the therapeutic process, revealing when and how this phenomenon appears in psychotherapy. Additionally, a system for measuring coordination in dyadic psychotherapeutic conversations (Vocalization-Silence Dynamic Patterns, article n° 15) was created.

The acknowledgement of Mariane Krause’s (Director of MIDAP) importance as psychotherapy researcher resulted in three achievements during 2016. She was invited to be editor of the special issue “Psychotherapy Process Research” of the journal “Studies in Psychology”, edited by Taylor & Francis. In addition, she was elected President of the Society for Psychotherapy Research (SPR), which is an international, multidisciplinary scientific association devoted to psychotherapy research, that aims to support and enhance both the empirical basis and the applied value of this field of scientific pursuit. Her election is not only a recognition of her work as an individual researcher, but also an international recognition of the studies on the therapeutic process conducted in Chile. Furthermore, Dr. Krause received during 2016 the annual award of the Chilean Society for Clinical Psychology, as recognition of her outstanding contribution to research and capacity building in this field.

A relevant **difficulty** encountered by ML3 involved the continuity of IPCC_3C. So, during 2016, a second case study could not be initiated. This was due to difficulties reaching patients who are willing to receive psychotherapy with EEG testing; and the fact that the EEG equipment (EMOTIV Epoc Wireless electroencephalography unit) was damaged earlier than expected. The **mid-term challenges** of this line of research include generating strategies that could allow us to articulate the knowledge acquired with different levels of generalization (case study vs. samples); and different methodologies (self-report, psychophysiological and brain activity records, moment-by-moment observation of patient-therapist interactions during psychotherapeutic sessions). This goal could be addressed, for instance, by creating a multilevel (biological, psychological) comprehensive model of the therapeutic system (patient, therapist, patient-therapist regulation) over time (moment-by-moment interaction vs. throughout the process).

MIDAP’s Line of Research 4 (MLR4): Rehabilitation and reintegration.

This line focuses on the patient’s recovery and on reducing the chronicity of depression. It addresses the questions: how to contribute to the recovery of the depressive patient by re-integrating him/her into her everyday life, and what characterizes patients with recurrent depression, and how should they be managed in order to reduce the recurrence of the depressive disorder and its consequences. The three studies being conducted (REI_3B, 5A, 5B) are briefly presented in **Appendix I**. During 2016, the results of the first phase of the study “**E-Mental Health for Reducing the Chronicity of Depressive Disorders (ASCENSO/Chile)**” (REI_3B) were published, revealing high rates of acceptance and satisfaction among patients who actively used the ASCENSO program. Among the obstacles, patients mentioned

technical problems, a lack of contact with other participants, and an insufficient connection between the program and health service professionals (Espinosa et al., 2017; article nº 5). In addition, as noted in the 2015 MIDAP Report, during November the Project entitled “Effectiveness of an Internet-Based Intervention for Improving Depression: Towards an Improvement in Depression Management” (FONIS 6I0173), was presented and funded. This will allow us to conduct the second phase of this study, intended to examine the effectiveness of the ASCENSO Internet-based intervention through a controlled clinical trial. This study is led by one of the researchers who did his postdoctoral studies in MIDAP.

The preliminary results of the study “**Affective Disorders and Personality Disorders: Effects of Early Adversity Experiences (EAEs) on the Clinical Development and Management of Complex Sets of Affective Symptoms**” (REI_5A) show that only 30% of the patients who seek professional help for depression are asked questions about EAEs by psychiatrists during the first interview, even though they have a specific instrument for this purpose. This low rate of diagnostic questions in the session stands in contrast with the fact that people with at least one EAE display a more complex set of depressive symptoms, because they suffer from a more severe form of the disease and display more suicidality, greater familiarity (a psychiatric history in direct relatives), a higher probability of having a prior mood disorder, or a higher rate of previous psychiatric hospitalization. In addition, by differentiating patients according to their exposure to different numbers and types of EAEs, we identified profiles that were more strongly related to a recurrence of mood episodes. Patients suffering indirect victimization due to violence between parents/caretakers or drug/alcohol abuse in the family are 20% more likely to have experienced at least one previous mood episode; on the other hand, patients who also suffer direct victimization (physical punishment and physical damage after punishment) are 43% more likely to have experienced at least one previous mood episode. During 2016, within this study, the project entitled “**Active Ingredients of Change in Transference-Focused Psychotherapy (TFP): Towards the Identification of Candidate Interventions for Short-Term, Modular, Interventions for Patients with Complex, Treatment-Resistant Depression**” (REI-5B) was proposed and funded. The project is aimed at examining the relationship between frame/personality interventions and the process of therapeutic change considering multiple process and outcome variables in patients receiving TFP for borderline personality pathology.

The funding of two new projects (FONIS 6I0173 and REI-5B) is an **achievement** in itself, since this will enable us to answer the questions included in this line of research. In addition, both the above findings and the funding of these new research projects are the result of the work of MIDAP members **in collaboration with other researchers**. Project FONIS 6I017, is based on a continuous collaboration between MIDAP and the Center for Psychotherapy Research, Heidelberg University Hospital (Germany), specifically researchers Stephanie Bauer and Markus Moessner. On the other hand, project REI-5B is also receiving contributions from leading researchers Otto Kernberg and John Clarkin (Cornell University, USA) and professionals from the Chilean Institute for Personality Disorders.

- b) **Publications:** During the second year of MIDAP, 41 scientific documents were published: 38 articles and 3 books chapters, almost 75% more than previous year. With respect to scientific articles, 27 (66%) were published in ISI journals (with impact factors between 0.28 and 6.13), 6 (15%) were published in SCOPUS journals (with impact factors between 0.20 and 0.67), 1 was published in a SCIELO journal (impact factor 0.18), and 4 were published in journals not indexed in the most widely accessed databases. MIDAP intends to disseminate the results of its findings in international journals and has the policy of trying to increase its impact factor. In fact, some publications by MIDAP researchers were included in *Acta Psychiatrica Scandinavica* (6.13), *The Lancet Psychiatry* (5.76), *Journal of Affective Disorders* (3.57), and *International Journal of Molecular Sciences* (3.57).

During 2016, most publications originated from MLR1 (15 articles), followed by MLR3 (14 articles) and MLR2 (9 articles). This information shows that the researchers who study MLR1 topics linked to the basic structures and bio-psycho-social processes of depression have achieved great development, reaching productivity rates similar to those of MLR3, which started out in the Millennium Nucleus period and thus has the longest trajectory.

Out of 23 publications in which Associate Researchers (AR) were involved, in 3 of them a single AR participated as author/co-author, in 4 of them two ARs participated, and in 3 of them three or more ARs took part jointly as co-authors. In addition, students were part of 12 of these publications.

In relation to “open access” publications, our position is mixed, because, on the one hand, they broaden the possibilities of dissemination of scientific knowledge but, on the other hand, they impose a new – economic– restriction on researchers from low income countries. During 2016, MIDAP adjusted its budget, increasing economic contributions for publications (770 USD maximum per publication); therefore, researchers receive partial MIDAP funding for publishing in open access journals.

Summary table

Category of Publication	MSI Center Members	Number of Publications coauthored by students	Total Number of Publications
ISI Publications or Similar to ISI Standard	Associate Researchers	10	19
	Others	1	14
ELO Publications or Similar to SCIELO Standard	Associate Researchers	0	0
	Others	0	1
Books & Chapters of Books	Associate Researchers	0	1
	Others	0	2
Other Publications	Associate Researchers	2	3
	Others	0	1
Total		13	41

Other achievements:

- **Intellectual property:** Alemka Tomicic and Claudio Martínez registered the “System for Coding Patient and Therapist Vocal Quality Patterns: Training and Procedures Manual for Coding (PCV-2.0)”. Record number 259.653, Chile, January 2016.
- **Congress Presentations:** During 2016, 174 presentations were given, 54% of them in national conferences and 46% in international ones (see details in Appendix II). Thirty-one are associated with MLR1 (18 national, 13 international), 35 with MLR2 (18 national, 17 international), 96 with MLR3 (54 national, 42 international), and 3 with ML4 (1 national, 2 international). Eight presentations discussed topics not directly related to MIDAP's lines of research. MLR3 was the best represented in scientific dissemination activities.

Summary Table

Type of Researcher	Type of presentation	National Events	International Events
Associate Researchers	Conferences, oral communications, poster communications, others (Specify)	18	33
	Invited presentations (not included in above row)	9	4
Other researchers	Conferences, oral communications, poster communications, others (Specify)	43	29
	Invited presentations (not included in above row)	23	14

- **Organization of Scientific Events:** During 2016, 15 scientific events were organized that focused on several topics researched by MIDAP, 9 of which had international instructors. Regarding event types, MIDAP conducted 5 seminars (including international instructors and MIDAP researchers) intended to share research findings with the general public, all of which attracted large audiences; 4 conferences; 3 workshops led by national instructors aimed at developing specific skills; and 3 non-classifiable events.

Thematically, it is relevant to note that 4 events (2 national and 2 international) addressed the relevance of mindfulness as a depression prevention strategy (both in family and school contexts); 3 events focused on depression prevention and treatment in adolescents; and 2 workshops were aimed at improving skills for working with LGBT adolescents in health and education professionals (more details in Annex 4).

- **Scientific Editorial Boards:** During 2016, 21 MIDAP researchers (6 Associate Researchers, 7 Adjunct Researchers, 5 Young Researchers, 2 Seniors Researcher, and 1 Postdoctoral Researcher), and 1 doctoral student, were part of the editorial boards of 25 journals. Most of them (17= 68%) are ISI-indexed or similar, and other 3 are SCIELO journals. Compared with the previous year, the data reveal an increase in the number of researchers participating in editorial boards and a broader range of journals. In this context, Mariane Krause stands out due to participating in the editorial board of 4 journals, including Psychotherapy Research (Journal and Book Review Editor), Journal of Community and Applied Social Psychology, Studies in Psychology journal, and Journal of Community Psychology. Other remarkable examples: Luis Salazar is part of the editorial board of Clinica Chimica Acta, Alvaro Verges is part of the editorial board of Journal of Studies on Alcohol and Drugs, Alex Behn is part of the editorial board of Journal of Clinical Psychology: In Session, and Alemka Tomicic is part of the editorial board of Frontiers in Psychology (see Appendix III).
- **Awards:** Five MIDAP researchers received seven awards, 6 six from national institutions and one from the American Academy of Child and Adolescent Psychiatry (AACAP, USA). The Chilean Society of Clinical Psychology gave the 2016 “Sergio Yulis Award” to Mariane Krause (Associate Researcher, November 5, 2016) and the 2016 “Clinical Psychology Specialization Award” to Carmen Gloria Hidalgo (Adjunct Researcher, December 7, 2016). Both awards are granted due to the recipients' contributions in the field of clinical psychology, the first focusing on professional training and research and the second highlighting clinical trajectory. Vania Martinez (Associate Researcher) and Paul Vohringer (Young Researcher), as part of the celebration of the 174th anniversary of Universidad de Chile (November 15, 2016), received an award in acknowledgment of their contributions to research in Chile. In the conference organized by the Society of Child and Adolescent Psychiatry of Chile, researchers Vania Martínez (Associate Researcher) and Matías Irrarrázaval (Young Researcher) received an award acknowledging the quality of the articles presented by them. Finally, Matías Irrarrázaval received the Paramjit Toor Joshi, MD, International Scholar Award, 2016, granted by AACAP, in recognition of his commitment and dedication to the enhancement of mental health services for children, adolescents, and families around the World.

The election of the Director of MIDAP, Mariane Krause, for the presidency of the Society for Psychotherapy Research, was another encouraging recognition of the work done, since this institution is home to the world's leading researchers in the field of clinical psychology. This means that she will assume the position of President Elect in June 2017; therefore, she will be in charge of the World Meeting in June 2018 (Amsterdam) where she will become President of this world organization until June 2019. Besides, the former doctoral student of MIDAP Daniel Espinosa, was appointed as National Representative of SPR for Colombia.

4. Education and Capacity Building

a) **Education and Capacity Building:** During its second year of execution, MIDAP has continued and increased its successful previous work in training young scientists from Chile and Latin America, by fostering their international contacts through residencies abroad and by investing in their master, doctoral and post-doctoral education. Detailed information in Annex 5.

During 2016, 10 Young Researchers were part of MIDAP, 89% of whom received fees for their work as researchers in studies conducted within MIDAP. Participating in a research team is in and of itself a learning opportunity and a chance to develop knowledge and research skills.

MIDAP encourages Young Researchers still without a PhD to continue their careers as researchers by completing additional study programs, by consolidating their place in the research teams to which they belong alongside Associate and Adjunct researchers, and/or by carrying out research projects of their own, which are aligned with MIDAP's objectives. Thus, Young Researchers Augusto Mellado and Karina Jaramillo started their Doctoral Program in Psychotherapy in March 2016, along with the research assistant Ana María Gallardo and Lucía Núñez.

In 2016, MIDAP had five Post-Doctoral researchers. One of them finished her postdoctoral research project by September (Carla Crempien, funded by the National Commission for Scientific and Technological Research - CONICYT), while the other four continued their postdoctoral projects started during the early stages of the Institute (Paula Dagnino - also funded by CONICYT, Álvaro Carrasco, Olga Fernández, and Carolina Altimir, the latter three being mainly sponsored by MIDAP). These Postdoctoral Researchers conducted their postdoctoral studies in two MIDAP lines of research (MLR3 and MLR4), while the latter three finished their projects by December 2016 and stayed in MIDAP as Collaborative Researchers. Towards the end of that year, Álvaro Carrasco was awarded a FONIS-CONICYT (National Fund for Research and Development in Health) grant for his study “Effectiveness of an Internet-Based Intervention for Treating Depression: Towards the Improvement of Depression Management”, which will allow him to continue researching one of the topics covered in his postdoctoral studies within MLR3 and MLR4. He will receive approximately US\$ 45,000 to execute his project, which has a duration of 2 years.

The MIDAP Institute will launch a selection process to incorporate new Young and Adjunct Researchers by May 2017, to which these postdoctoral researchers, along the graduate doctoral students and Young Researchers, will be invited to apply. In that process, the candidates will be evaluated considering their previous work in the MIDAP Institute, their projection in connection with MIDAP's lines of research, their research skills, and their academic background. In this way, we will encourage some of them to continue their research careers in MIDAP.

In order to become part of MIDAP, students must enter an ongoing study that is aligned with their research interests and particularly with the topic to which they intend to devote their doctoral theses. This opportunity allows them to interact early on with Young, Adjunct, and Associate researchers in order to acquire experience (either in person or remotely) in all MIDAP areas. In addition, in studies involving the use of intervention strategies, they have had the chance to develop clinical skills for the treatment and/or prevention of depression. MIDAP encourages students to conduct their doctoral theses with the intention of contributing to studies carried out to address MIDAP's research questions. Given that some theses or studies conducted after their graduation are especially relevant to MIDAP's general objectives, some graduated doctoral students will be encouraged to continue carrying out post-doctoral research and/or consolidate their position within the teams to which they belong alongside other MIDAP researchers.

Forty-one doctoral students, 26 master's students, and 8 undergraduate students were part of MIDAP during 2016, 34% more than during 2015. More than 78% of doctoral students (32) came from the Doctoral Program in Psychotherapy (DPP) jointly offered by the UC and UCh. Additionally, a student from USACH's Doctoral Program in Psychology has continued researching the mental health impact experienced by family caregivers. Other students from UC's Doctoral Program in Neuroscience are working on various aspects of MLR3, studying topics such as mindfulness, neurological signals, and

cognitive plasticity, while other coming from UC's Doctoral Program in Psychology are working on theses included in MIDAP's MLR1 (depression bio-markers) and MLR3 (change indicators in therapies with children and adolescents). During 2016, a student from Universidad de Chile's Doctoral Program in Public Health joined MIDAP, working in MLR2. In addition, a student from the Doctoral Program in Sciences with a specialization in Applied Cell and Molecular Biology from UFRO (Temuco) joined MIDAP. Her thesis is being conducted as part of MLR1.

Young Researchers, Post-Doctoral researchers, and students were invited to attend the five MIDAP general meetings of the year 2016. These meetings are used to present the research conducted within MIDAP and are sometimes attended by national and international guests who share their research in the field of Depression and Personality. In addition, through predetermined quotas, Young Researchers, Post-doctoral researchers, and students have access to regular workshops and seminars endorsed and/or organized by MIDAP. In addition, MIDAP gives them the chance to apply for partial grants to support conference attendance and thus improve their ability to present results in national and international contexts and establish collaboration networks (see details in the next section). We also offered scholarships for MIDAP's graduate students to attend courses, workshops, and seminars abroad with the financial support of three of our host universities (UC, UDD, and UFRO). The three scholarships awarded in 2016 are reported in the next section.

In April 2016, a group of MIDAP researchers from UC and UCh, together with researchers from Heidelberg University (HU), received an international research grant by CONICYT to conduct the study “Affective Disorders and Personality: Disease Mechanisms and Mechanisms of Change in Psychological Interventions” (PII20150035 PCI-CONICYT). This project gave us the opportunity to continue ongoing Chilean-German collaborative research projects and their associated doctoral training programs, including the previously mentioned joint Doctoral Program (Doctorado en Psicoterapia) imparted by UC and UCh with HU for the last ten years, which has resulted in several dissertations being jointly supervised by faculty of these universities. Within the context of this project, other three UC and UCh students traveled to HU to carry out short-term research residencies, all of which are reported in the next section.

- b. **Achievements and results:** Student participation in MIDAP's lines of research during 2016 is as follows: 13 students (6 doctoral students, 6 masters' students, and 1 undergraduate) worked on an MLR1 study; 28 students (11 doctoral students, 10 masters' students, and 7 undergraduates) worked on an MLR2 study; 32 students (24 doctoral students and 8 masters' students) worked on an MLR3 study; and 2 students (2) worked on an MLR4 study.

Six doctoral students were selected to travel abroad sponsored by MIDAP during 2016 and early 2017 for short-term traineeships. They were Ana María Gallardo (MLR2) and Ulises Ríos (MLR1), both funded by UC's Research Agency; Elyna Gómez-Barris (MLR3), funded by UC's Psychology School; and Cristóbal Hernández (MLR3), Martina Fischersworring (MLR3), and Viviana Guajardo (MLR2), who received funding through PII20150035 PCI-CONICYT. Detailed information on the 2016 stays is showed in Annex 5.2. Besides, the Swiss doctoral student Nathalie Schenk, made a short-term traineeship in MIDAP in June 2016, which she was trained in the identification of change and rupture episodes.

During 2016, two students completed their theses to obtain a Doctoral degree in Psychotherapy from UC. Daniel Espinosa's thesis was entitled “Relational Patterns and Therapeutic Process in Adolescents with Depressive Symptoms”, while Nicolás Suarez' thesis was called “Failure in Psychotherapy from the Experience of Patients in Comparison with Successful Experiences”. Both studies were developed under the guidance of the Associate Researcher and Director of MIDAP, Mariane Krause. Daniel Espinosa received UC's award for excellence in a Doctoral thesis in the area of medical sciences and health. Dr. Espinosa returned to his native country, Colombia, where he was recruited as professor for psychology and researcher at Universidad CES, Medellín. By the end of 2016, he was awarded a COLCIENCIAS grant as Principal Investigator of the project “Pilot Study and Clinical Trial of an Internet-Based Program for Prevention and Early Intervention in Adolescent Depression”, thus continuing his collaborative work with MIDAP on different aspects of MLR2.

In addition, the following 11 Master's theses were approved in 2016, all of them contributing to the generation of knowledge about depression prevention strategies in children, adolescents, and adults:

Student's Name	Entity	Thesis name and MIDAP's line of research	Advisor
Ana María Cortés	UCh	Psychotherapeutic Change from Multiple Perspectives In Adolescents with Depressive Symptoms (MLR3)	Claudia Capella
Leslie Achui	UCh	Why not Commit Suicide? Constructed Meanings of Suicide Risk in Adolescents Receiving Depression Treatment in Primary Health Care Centers (MLR3)	Vania Martínez
Víctor Rocha	UC	Implementation and Assessment of the Effectiveness of an Evidence-Based Psychoeducational Program in a Group of Family Caregivers of People with Dementia (MLR2)	Claudia Miranda
Angeles Fernández	UC	Depression and Childhood Trauma: Their Impact on Maternal Competences (MLR2)	María Pía Santelices
Francisca Tagle	UC	Depressive Symptomatology and Maternal Stress: Their Link with the Socioemotional Development of Preschoolers in Vulnerable Contexts (MLR2)	María Pía Santelices
Paula Armas	UC	The Termination Process and Its Relation with the General Assessment of the Psychotherapy, from the Perspective of Patients and Therapists (MLR3)	Mariane Krause
Sofía Fernández	UC	Expectations in Child Psychotherapy (MLR3)	Mariane Krause
Marianne Cottin	UC	Analysis of Latent Classes of Early Adverse Experiences and Their Relation with Recurrent Depressive Disorders (MLR1&4)	Alex Behn
María F. Crestuzzo	UAI	Life Narratives of Patients Hospitalized after a Suicide Attempt (MLR1&2)	Susana Morales (external advisor)
Matías Carrasco	UC	Depressive Symptomatology and Psychological Well-Being by Personality Style in Patients with Depression Who Completed a Psychotherapy Process (MLR3)	Carolina Altimir
Magdalena Seguel	UC	Change in the parental representations from the subjective perspective of parents and therapists after an early intervention directed to the mother, father, and son/daughter triad using video feedback (MLR2)	Marcia Olhaberry

During the general MIDAP meetings held in 2016, 2 Post-Doctoral Researchers presented their partial research results and 4 doctoral students presented progress reports of their doctoral theses. They had the chance to receive feedback regarding their projects and/or thesis progress reports from distinguished foreign scientists, experts in different research areas linked to MIDAP lines of research. They were:

- **María José León** "Parental Reflective Functioning and the Quality of Triadic Interaction: Their Influence on Early Child Development" and **Catalina Sieverson** "Effect of a Video-Feedback Intervention on the Parental Mentalizing and Mother-Child Interaction of Mothers of Preschoolers". Supervised by Howard and Miriam Steele, from The Center for Attachment Research (CAR) of The New School for Social Research, USA. July 2016.
- **Nicolle Alamo** "Generic Change Indicators In Psychotherapeutic Processes with Children" and **Martina Fischersworring** "Subjective Impact of Therapeutic Success and Failure on the Therapist's Well-being/Displeasure Experiences". Supervised by Lynne Angus, Department of Psychology, York University, Canada. August 2016
- The postdoctoral researchers **Paula Dagnino** and **Carla Crempien** presented the partial results of their research projects to the visiting researcher Henning Schauenburg, from the Department for General Internal Medicine and Psychosomatics, Heidelberg University Hospital, Germany. November 2016.

Conducting activities of this type is fundamental for the education of young scientists, especially when the supervisors are renowned authorities on the subjects; for this reason, all young researchers and students from MIDAP were invited to take part in these events.

Five doctoral students of MIDAP were selected to attend the seminar "Jóvenes ConCiencia, pensando Chile desde la Ciencia", held on November 24 - 25, 2016 in Mantagua, V Region: Diana Gómez, María José León, Cristóbal Hernández, Augusto Mellado, and Javier Morán. This is an annual activity organized by MSI, to which the youngest members of MSI Nuclei and Institutes are invited to sharing experiences and to think about how they can help improve the Chile's future.

Out of 173 studies presented at national and international conferences during 2016, 60 involved Young Researchers and Post-Doctoral Researchers as co-authors (29 were led by them), while 73 included the participation of students (44 were led by students). Six Young Researchers, 2 Post-Doctoral Researchers, and 23 graduate students received financial support from MIDAP to attend these events through application processes established by MIDAP to provide such aid.

Out of 41 articles published during 2016, 14 involved Young Researchers or Post-Doctoral Researchers as co-authors (9 were led by such researchers) and 13 included the participation of students (5 was led by a student).

After the success of the I Latin American Workshop on Depression and Personality, organized by MIDAP in November 2015, the Institute has continued to pursue other training activities aimed at young scientists, thus fulfilling one of its main objectives. Thus, MIDAP researchers and colleagues from Heidelberg University applied for and were awarded funding from Banco Santander in 2016, for the implementation of a Summer School for 20 doctoral students (10 from Europe and 10 from Latin America) entitled "Social Processes and Mental Health". The 20 doctoral students will not only receive career advice from the senior scientists, but will also engage in peer-to-peer mentoring discussions and plan a joint product of this Summer School, in order to disseminate their research results and present the topics to the public in their respective countries. The Summer School will be implemented by researchers from Chile (4 MIDAP members), Germany, and other parts of the world, in Heidelberg, Germany, from April 18 – April 26, 2017. Four MIDAP's doctoral students were selected to attend the Summer School.

The three diploma programs offered for the 2016 Continuing Education courses at UC were successful and they will be offered again during 2017. The "Diploma Program in Personality Disorders: Theory, Diagnosis, and Treatment", whose Academic Director was MIDAP's Adjunct Researcher Candice Fischer, had 32 enrolled students; the semi-virtual "Diploma Program in Diagnosis, Indication, and Strategies in Psychotherapy: Operationalized Psychodynamic Diagnosis (OPD-2)", led by MIDAP's Senior Researcher Guillermo de la Parra, had 19 registered students, from Chile, México, Argentina, Brazil, and Uruguay. Finally, the "Diploma Program in Interventions for Depression and Other Mood Disorders: Conceptualization and Intervention Strategies", taught only by MIDAP members under the coordination of the Adjunct Researcher Carmen Olivari, had 32 registered students. In addition, during 2016, MIDAP proposed a new program to be led by Candice Fisher: "Diploma Program in Mindfulness and Psychotherapy", which will be included as part of the UC Continuing Education Program from May to December 2017. In all probability, these courses will continue and become firmly established in the future as a fundamental part of MIDAP-UC collaborative activities.

The Continuing Education branch of MIDAP Institute went into operation in late 2016. Its first aim was to establish a schedule of short training courses covering a wide range of the topics studied at MIDAP to be taught from January 2017 onwards, intended for health and education professionals and others from related areas.

All of these activities will serve to demonstrate the effectiveness of MIDAP as an organization that contributes to improving health care in Chile, as well as to encourage national and international clinical research collaborations.

5. Networking and other collaborative work

- a) **Networking:** Establishing national, Latin American, and international scientific collaboration networks is one of MIDAP's main objectives. During 2016, the Institute organized its networking efforts around seven thematic axes, which guide the collaboration activities conducted and which are associated with the lines of research pursued. These thematic areas covered the health, education, and work sectors: a) Application of e-Mental Health tools in mental health care; b) Psychotherapeutic processes; c) Mindfulness and other contemplative practices; d) Early development conditions; e) Management of depression and other mood disorders in the health care system; f) Biological and personality interactions and cultural aspects in the development of psychological disorders; and g) Longitudinal studies on the development of depression. Detailed information in Annex 6.

In the thematic axis "Application of e-Mental Health tools in mental health care", MIDAP has two formal networks, backed by a signed contract, which are currently working on two projects. The first of them is called "ASCENSO" (Apoyo, Seguimiento y Cuidado de Enfermedades a partir de Sistemas Operativos) [Disease Support, Follow-up, and Care Based on Operating Systems] and comprises MIDAP, Psicomédica Clinical and Research Group, the University of Antioquia, and Heidelberg University's Psychotherapy Research Center. The second one is called "Sin-E-Stress" [Without E-Stress], whose member institutions are MIDAP, the Chilean Safety Association (Asociación Chilena de Seguridad, ACHS), and Heidelberg University's Psychotherapy Research Center. The main objectives of the work carried out were to implement new therapeutic applications (in the case of ASCENSO, for the treatment of depression; in the case of Sin-E-Stress, for depression prevention by conducting interventions for people with post-traumatic stress associated with workplace and/or commute accidents) and to perform feasibility and user acceptability studies. During 2016, the researchers belonging to the ASCENSO network published the article Espinosa et al. 2016 (article 5); in addition, the study "Sin-E-Stress" was completed. The researchers belonging to this network presented their results at an international conference and are currently preparing a publication to disseminate their findings.

In 2016, the productive research work done in the area of e-Mental Health and the consolidation of the collaboration efforts of the members of these networks made it possible to secure funding for 4 projects, one to establish networks and three research projects. The Networking project entitled "E-Mental Health: Latin American Experiences" sought to establish a formal collaboration network among Latin American countries for the study and dissemination of strategies based on e-health for the treatment and prevention of depression. This network is currently made up by MIDAP researchers and others from Mexico (Instituto Nacional de Psiquiatría Ramón De La Fuente Muñiz) and Colombia (Universidad de Antioquia and Universidad CES). The research projects were: a) Fondecyt Project Efficacy of a Staggered Internet-Based Program for the Prevention and Early Intervention of Depression in Adolescents" (Chile); c) COLCIENCIAS Project "Piloting and Clinical Trial of an Internet-Based Program for the Prevention and Early Intervention of Depression in Adolescents" (Colombia); and d) FONIS Project "Effectiveness of an Internet-Based Intervention for Treating Depression: Towards the Improvement of Depression Management" (Chile), which will ensure the continuity of the network conducting research with the "ASCENSO" tool for depression treatment.

In the Psychotherapeutic Processes axis, one formal collaboration network, backed by a signed agreement, is currently active: "Randomized Trial: Adolescent Identity Treatment (AIT): A New Integrative Approach for Personality Pathologies", comprised by MIDAP, the Child and Adolescent Psychiatric Hospital (Basel, Switzerland), Heidelberg University (Germany), and the Schilkrot Medical Institute (Chile). This network is intended to examine pathologies such as depression and personality problems in adolescent populations, and, specifically, to conduct a multi-center study about the change mechanisms of a treatment for identity diffusion in adolescents with and without depression. The network's activities in 2016 included the following: a) coordination meetings in Chile and Switzerland to obtain information about the progress made; b) Seminar "Prevention, Intervention, and Research in Adolescent Depression";

c) Presentations at the Chilean Psychotherapy Conference based on the results of the network's studies; d) Residency of researcher Ronan Zimmermann (Basel, Switzerland) at MIDAP.

Also, external funding was obtained in 2016 to conduct the study “Affective Disorders and Personality: Disease Mechanisms and Mechanisms of Change in Psychological Interventions”, currently being executed by MIDAP and Heidelberg University researchers. Its main objective is to foster the training of doctoral students researching affective and personality disorders, addressing the mechanisms involved in psychotherapeutic change and treatment effectiveness (MLR3), through research internships at Heidelberg University.

In addition, an agreement was signed by MIDAP and the Universidad de Las Américas to facilitate researchers' assessment of diagnostic and clinical interventions within the project "The Links between Personality, Emotional Regulation in Ruptures and Resolutions of the Alliance, and Psychotherapeutic Outcomes in Patients with Depression".

During 2016, a collaboration agreement was established between researchers belonging to MIDAP, the Personality Disorders Institute of Weill Medical College (Cornell University, USA), and the Chilean Institute of Personality Disorders. Funding was awarded for 2 years by UC's Research Agency to conduct the project “Active Ingredients of Change in Transference-Focused Psychotherapy: Towards the Identification of Candidate Interventions for Short-Term, Modular, Interventions for Patients with Complex, Treatment-Resistant Depression”. The aim of this project is to study the relationship between frame/personality interventions and the process of therapeutic change from the standpoint of multiple process and outcome variables in patients receiving Transference Focused Psychotherapy (TFP) for borderline personality pathology. As part of this collaboration agreement, three MIDAP researchers attended a coordination meeting at Cornell University, during which Professor Eric Fertuck's visit to Chile for a scientific dissemination activity on personality disorders was scheduled for January 2017 (and implemented recently).

Within the "Mindfulness and other contemplative practices" area, the network “Psychosocial Interventions for the Promotion of Psychological Well-Being in Children and Adolescents” is being developed. This network comprises MIDAP, the Zhaw School of Applied Psychology (Switzerland), and the Medicine and Mindfulness Center (Chile). Its objective is to study and implement strategies based on mindfulness and other contemplative practices for preventing and treating depression. In order to consolidate this network, during 2016 coordination meetings were held in Switzerland (July 2016) and Chile (March 2016). In addition, a presentation based on the network's joint efforts was given at the 1st International Congress of Psychology, held in Japan. Researchers from Università Roma Tre, Italy, as well as from the University of Social Sciences and Humanities and the National University of Ho Chi Minh City, both located in Vietnam, attended the meeting held in Switzerland. The first stages of a collaboration agreement with these institutions were implemented during 2016. It is relevant to note that this network could also include researchers from Russia, because they have already attended the network's meeting in March 2017. In addition, as part of this collaboration, two mass dissemination activities aimed at general health, mental health, and education professionals were conducted. These were: a) The seminar "Mindfulness and Resilience: Conceptual Basis and Mental Health Interventions" (March 2016) and b) the seminar “Mindfulness and Education in Chile” (December 2016), both of which were well attended by their target audience.

In the axis "Biological and personality interactions and cultural aspects in the development of psychological disorders", one network is active: “Subjective Construction of the Suicide Process in Young Lesbian, Gay, and Transsexual (LGBT) People”. The network is made up by MIDAP, Universidad Diego Portales (Chile), Fundación Cultura Salud [Culture and Health Foundation], and Fundación Todo Mejora [Foundation “All Gets Better”]. During 2016, the joint study was completed and its results started to be disseminated among scientific specialists and the general public. The network published the article “Suicide in Lesbian, Gay, Bisexual, and Trans Populations: Systematic Review of a Decade of Research” (article 9). In addition, presentations have been given at national and international conferences. Two of

the network's activities stand out: a dissemination event ("Mental Health and Suicide Prevention in LGBT Young People") and a training workshop ("Mental Health and Suicide Prevention in LGBT Young People: Challenges for Schools"), both of which were attended by mental health and education professionals.

With the support of the project "Gene-Culture Interaction in Depressive Symptomatology and Subjective Well-Being in Chile", a collaboration alliance has been established with Chile Genómico, an institution specialized in the study of the genetic traits of Chileans. As part of this alliance, more than 500 samples of university students from all over the country are being collected and analyzed.

In the axis "Management of depression and other mood disorders in the health care system", a bilateral agreement is in place with Red-Gesam, one of the main health care providers within the GES system (Explicit Health Guarantees). The objective of this alliance is to encourage exchanges between clinicians and researchers. During 2016, this collaboration yielded concrete results through the thesis of Marianella Abarzúa, one of MIDAP's doctoral students.

In the axis "Early development conditions", a relevant scientific collaboration program is active with researchers from Heidelberg University and the Catholic University of Louvain, which is based on existing agreements. The aim of this network is to explore the early development conditions, the biological correlates, and the aspects of personality involved in depression. Also as part of this axis, MIDAP and the Early Attachment Program (Programa de Vínculos Tempranos, PVT) of Universidad Alberto Hurtado's (UAH) Faculty of Psychology signed a collaboration agreement in order to collaborate in the areas of clinical and psychotherapeutic research and in the training of specialists.

During 2016, María Pia Santelices (Deputy Director of MIDAP), completed a research internship at Michigan State University, specifically on the subject of Human Development and Family Processes, during which she initiated a collaborative study on the link between parenting and mental health variables in early childhood.

In the axis "Longitudinal studies on the development of depression", scientific collaborations are active with the following Chilean research centers: the Center of Longitudinal Surveys [Centro de Encuestas Longitudinales], the Interdisciplinary Center of Intercultural and Indigenous Studies [Centro Interdisciplinario de Estudios Interculturales e Indígenas, CIIR], the Center of Conflict and Social Cohesion Studies [Centro de Estudios de Conflicto y Cohesión Social, COES], and the Advanced Center for Chronic Diseases (ACCDiS). The objective of these bilateral agreements is to study depression and their multiple etiological factors over time and in different populations (children and adolescents, adults, older adults, and native peoples). During 2016, and following MIDAP's suggestions and interests, these centers added to their longitudinal studies questions about depression, its treatment, and the individual, family, and/or social factors that may affect its development. The collaboration stipulates the sharing of the data collected and the publication of joint articles.

b) Other collaborative activities: During 2016, collaborative activities were carried out together with several institutions. These include the links established with 5 Community Health Care Centers located in different districts of the Metropolitan Region, which made it possible to implement and complete the study of the effectiveness of the Operationalized Psychodynamic Diagnostic System (OPD).

A scientific collaboration agreement was signed with the University of Bern (Switzerland), which resulted in studies on regulation in psychotherapy using MEA (Motion Energy Analysis) to measure the synchrony between patient and therapist movements.

In addition, a scientific collaboration program was established with the Psychological Care Center of Universidad Gabriela Mistral (UGM, Chile), as part of which a grant was obtained to study psychotherapeutic processes in adults and children.

Lastly, the productive collaborations set up with the Doctoral Program in Psychotherapy (UC, UCh) and the Latin American Chapter of the Society for Psychotherapy Research (SPR) are still ongoing.

6. Outreach and connections with other sectors

- a) **Outreach:** During its second year, MIDAP permanently disseminated its scientific work, which resulted in a series of activities intended to provide information about the progress and results of its research. The events organized engaged the academic and professional world from the fields of health, education, and labor, as well as the general audience. All the work conducted in this regard was linked to MIDAP's lines of research and its scientific objectives. The distinguishing feature of the outreach activities conducted by the Institute was the decision to link the work conducted by our researchers with promotion, prevention, and training activities in the field of depression and personality disorders. Said activities were successful and well evaluated; therefore, MIDAP will continue disseminating its scientific work in order to reach a larger number of people who need to acquire new knowledge or expand what they know, thus continuing our contribution to mental health. Detailed information in Annex 7.

The education sector was one of the priorities for MIDAP's scientific dissemination efforts. Within this context, two workshops were conducted. The first was entitled "Depression in Adolescents: What Can Schools Do?", while the second was "Suicide Prevention for Adolescents in School Contexts". Both activities, aimed at education professionals in public, subsidized private, and private schools, covered topics linked to epidemiology, symptomatology, individual, family, and social risk factors, and emotional regulation, among others. Their aim was to provide tools for early detection and timely referral in cases of young people with suspected depression and suicide risk. Due to the great interest generated by these workshops, the number of places had to be expanded: in the end, 344 professionals attended the 7 workshops organized in different regions of Chile. This figure complements the 180 participants in 2015. In addition, a video and some graphic materials about thought errors were created to be used in the classroom by trained professionals.

In 2016, MIDAP strengthened its presence in schools through talks for primary and secondary school students, which took place in their schools. The topic discussed was "Emotional Care: When Should I Go to the Psychologist?" Also, psychoeducational leaflets were handed out which included messages and advice for protecting emotional well-being in adolescence. In addition, MIDAP once again opened its doors to secondary school students. The adolescents visited MIDAP facilities and talked to some of the Institute's researchers to learn more about the scientific work carried out by our Center and understand how research projects are formulated.

MIDAP participated actively in major scientific dissemination events. The first of them was the 10th Science and Technology Party, attended by some 12 thousand people (primary and secondary school students and general public) during 3 days. With the motto "Take Care of Your Mood", our Institute set up a stand for the promotion of mental health, intended to convey the importance of caring for one's emotional well-being. This was done by handing out psychoeducational materials that included advice about healthy habits and emotional regulation techniques and strategies.

The other mass event in which MIDAP participated was the First Conference of the Future for children and adolescents, entitled "Futurists: the World Changes with You", an activity aimed at bringing science closer to the new generations. The activity was carried out at the former National Congress building, organized by the Future Challenges Committee of the Chilean Senate. The talk "Constructing my Identity: Finding Meaning through Meaningful Experiences", given by a MIDAP researcher, was attended by 300 schoolchildren.

MIDAP also participated in the first Mental Health Fair organized by Instituto Nacional, one of the most representative Chilean public schools. With the booth called "Take Care of Your Mood" and a talk about emotional care, we sought to promote self-care in students' psychic and emotional life as a way of improving mental health in this school, which serves over 4,000 students.

Another of our achievements was the signing of a collaboration agreement between MIDAP and the State Mental Health Center (CESAM) of the State of Querétaro, Mexico. We shared with this center our psychoeducational videos for adolescents about depression prevention, emotional regulation, thought

errors, and advice for taking care of one's mood, for their work with patients and several activities conducted during the “World Suicide Prevention Day”.

In the health and human resources training area, MIDAP conducted a workshop entitled “I Feel Fine, My Baby Too”, attended by 24 primary health care professionals. For one day, they took part in this training course, which sought to provide knowledge and techniques to reduce maternal depressive symptomatology by giving pregnant women a space to receive support and engage in reflection, which should make it easier for them to recognize their emotions, thoughts, and behaviors.

In order to inform the public about mental health topics, MIDAP conducted a new cycle of four “Scientific Coffee Meetings” lasting 2 hours each. These activities were led by MIDAP scientists in order to disseminate the research conducted by our center, raise awareness about the problems that depression generates in all the areas of a person's life, and dispel the myths that still surround this disease and its treatments. The activity was attended by 179 people during the whole cycle.

It is important to point out that MIDAP has established an important alliance with EXPLORA-CONICYT, one of Chile's main scientific dissemination agencies, which has provided support for the activities described.

With respect to communications, MIDAP has strengthened its presence in several social networks (Facebook, Twitter, and YouTube), which have become an effective platform for sharing and disseminating the activities organized by the center. In addition, a newsletter that covers the most relevant Institute's news is periodically distributed among MIDAP members and mental health professionals, scientific authorities, and university officials. Similarly, a database of professionals has been generated to submit invitations to MIDAP activities via e-mail.

During 2016, MIDAP has continued to have a relevant and successful presence in radio, television, national newspapers, and electronic media. In total, MIDAP had 65 press appearances, which included interviews with Associate, Adjunct, Young, and Postdoctoral Researchers who were invited to provide their expert insights. The topics covered include a long news story broadcast by Chile's National Television, within the program “Explorers: From the Atom to the Cosmos”. In it, our researchers participated in the segments “Psychotherapy Myths”, “Genes, culture, and depression”, and “Depression Prevention in Adolescents”. Also on television (La Red, show: “Mentiras Verdaderas”), 3 of our researchers took part in a discussion panel on mental health in Chile. In the international domain, two MIDAP researchers were interviewed due to their mental health expertise in the program “Claves” of the Latin American branch of Deutsche Welle. Regarding radio broadcasts, researcher Susana Morales was interviewed by Radio Duna in a program on suicide risk factors and the study that she is conducting on this phenomenon. Our presence in Radio Universidad de Chile was equally important: MIDAP researchers discussed several topics in the program “To Your Health”. The topics covered were “Depression in Adolescents”, “Perinatal Depression”, and “Suicide”.

In the press, a lengthy interview about depression with the Director of MIDAP was published in “La Tercera”, one of the most important Chilean newspapers. In addition, “La Hora” published a long interview with researcher Paul Vöhringer on the mental health of Chileans. With respect to electronic media, regional portals published information about the depression and suicide prevention workshops conducted by MIDAP across the country.

Regarding dissemination events, MIDAP and its researchers conducted a series of activities aimed at general health and mental health professionals, which benefited from the participation of renowned international experts in depression and personality. During 2016, 15 dissemination events were conducted which were attended by over one thousand people interested in the work that our Center is conducting as part of its four lines of research. Among these activities, two conferences stood out: one by Howard and Miriam Steele, on attachment and depression, and another by Klaus Schmeck and Susanne Schlüter-Müller, on personality.

An additional contribution of the activities conducted was that they were not limited to Chile's capital – they were carried out very successfully in other regions of the country.

b) Connections with other sectors: MIDAP seeks to “generate knowledge that can inform mental health policy for the development of improved preventive, therapeutic, and rehabilitation services” through the establishment of close working relationship between its members and representatives from different health services, schools, policy makers, and community and government entities (Annex 8).

Health Sector: Due to the topics studied by MIDAP, most of its collaborative bonds have been established with the Health sector. In the public field, several researchers from all levels of the MIDAP Institute have continued to provide technical support to several agencies of the Chilean Ministry of Health, contributing as active participants in several technical discussion committees on mental health. Some technical tables that MIDAP collaborated in 2016 were:

- Prevention of adolescent and young adult suicide
- Update of the AUGE Clinical Practice Guidelines for depression in people aged 15 and over
- Support Program for Mental Health in Childhood from age 5 to 9 (alongside the Chilean Ministry of Social Development)
- Update of the Clinical Practice Guidelines for the Comprehensive Care of Children with Hyperkinetic Disorder and Autistic spectrum disorders
- Update of the AUGE Clinical Practice guidelines for schizophrenia in people aged 15 and over
- Implementation of the WHO Action Program for overcoming mental health care gaps (mhGAP) in Primary Care.

Also, the Institute won three of the Ministry's public tenders, two of them to conduct systematic reviews for the Public Health Agency (one about the effectiveness of mental health counseling in primary care within the context of the Community Care Model in Mental Health, and another about the effectiveness and cost-effectiveness of interventions in schools for preventing suicide behavior in adolescents). The third call for tenders was issued by the Health Agency of the Biobío Region, in order to provide the Workshop "Suicide Prevention in Adolescents in School Contexts", which was taught by Dr. Vania Martínez in November 2016. Finally, the Institute extended its partnerships with local Community Mental Health Centers (COSAM) of the Metropolitan Region established to carry out a study on Operationalized Psychodynamic Diagnostic (OPD-2) and its psychotherapeutic results (MLR3).

As informed in 2015, MIDAP preserved its relevant links with private health institutions that provide psychological assistance. Some MIDAP researchers work in these centers and/or train professionals who belong to them. In other cases, some studies are being conducted in these centers under the direction of MIDAP researchers (e.g. Early Childhood Adversity Study and ASCENSO Study -MLR4- in Psicomédica Medical & Research Group; or the mindfulness-based clinical interventions -MLR3- conducted in the Mindfulness Center -Medicine and Mindfulness Center). In addition, during 2016 MIDAP researchers established bonds with professionals from the Couple Therapy and Sexuality Unit (Mental Health Center, UC Christus Health Network) and AccuHealth Ltda. (company), in both cases to lay the groundwork for future joint research projects.

During 2016, the Institute maintained its collaboration agreement with the Integral Health Program for Adolescents and Young People of the Ministry of Health (MINSAL), resulting in the broadcast of several psycho-educational videos through MINSAL-TV in the waiting rooms of public hospitals of the Metropolitan Region. It is important to note that, due to this association, MIDAP received a request from the State Mental Health Center (CESAM) of the State of Querétaro, Mexico, signing an agreement to show the psychoeducational videos in their centers.

Education Sector: The previously established partnership with EXPLORA-CONICYT, the main Chilean scientific outreach agency, has enabled MIDAP to continue carrying out its successful outreach activities related to MLR2 (Annex 7).

Our Deputy Principal Researcher, María Pía Santelices, has continued working as a technical consultant at the National Group of Preschool Centers, JUNJI (public and free preschools). As a result of this partnership, in 2016 a pilot program was developed for the design, implementation, and assessment of a videofeedback intervention to encourage educational sensitivity in preschool educators. JUNJI has plans to extend this pilot program to the whole country as part of the national preschool curriculum.

Labor Sector: MIDAP has strengthened its connection with the Chilean Work Safety Association (ACHS, a private nonprofit mutual society which provides social insurance for work-related injuries and diseases). In the context of MLR2, a pilot study of a web-based program for the support and follow up of patients with post-traumatic stress that are being treated at the ACHS finished in December 2016.

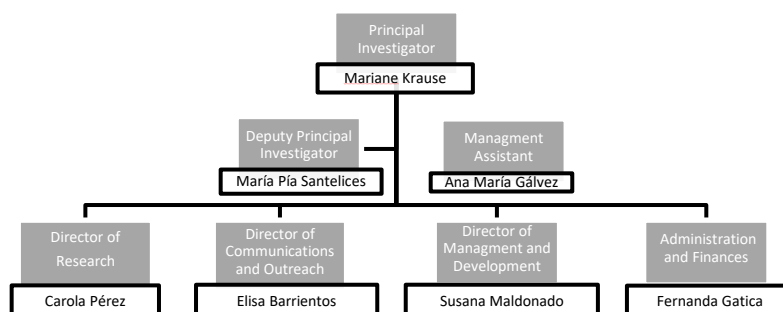
7. Administration and Financial Status

a) Organization and administration:

In early 2016, the MIDAP Institute fulfilled the requirement established in the guidelines of the bursary that it was awarded, establishing itself as a Foundation for Depression and Personality Research, or MIDAP Foundation. This foundation was created in mid-2015 with all Associate Researchers as founding members, and led by Dr. Mariane Krause. The Deputy President of MIDAP, María Pía Santelices, is the Foundation's Secretary, while Carola Pérez, the Director of Research, is its Treasurer. Thus, this non-profit private entity assumed Dr. Krause's functions regarding each and every right and obligation of an administrative and financial nature previously contracted by her in accordance with the same guidelines. The MIDAP Foundation is currently recognized by all science funding agencies as a legal entity able to receive public or private funds, either national or foreign. In addition, this new status allows the Institute, through the Foundation, to participate in tender processes for several purchases made by the Chilean State, for example, to provide training programs for professionals working in public health care centers.

However, the existence of the Foundation did not modify the administrative structure of the Institute; therefore, MIDAP still has a management team that executes the decisions of the institute heads and works actively to achieve its proposed objectives.

This team has a clear and orderly organization and management system, which is essential within the context of a multidisciplinary and inter-institutional group of researchers. Weekly meetings are held to provide information about and analyze the multiple aspects of its work, briefly described in last year report. Some of their relevant functions include, for example, organizing MIDAP activities,



defining objective mechanisms for assigning MIDAP's financial resources (midap.org/concursos/ and midap.org/solicitudes-internas/), proposing career promotion mechanisms for young researchers, opportunely sharing information which concerns the whole MIDAP community, etc.

Each ongoing study developed by MIDAP researchers has the technical support of a number of research assistants, 18 of whom receive payment through MSI funds for part-time staff. A similar number of assistants receive payment from other research projects led by MIDAP researchers.

Category	Female	Male	TOTAL
Assistant & Technicians	28	7	35
Administrative Staff	3	1	4
TOTAL	31	8	39

The MIDAP Institute depends on five Host Institutions (see Introduction). In terms of infrastructure and administrative duties, our Institute has continued receiving support from UC's School of Psychology (EPUC). In addition, several training and dissemination activities hosted by MIDAP have been or are scheduled to be conducted in several conference halls of Universidad de Chile's main campus. Likewise, the 3rd Research Meeting of the MIDAP Institute was carried out at Universidad Diego Portales, which also provided coffee and lunch to all participants. General facilities provided by all Host Institutions include work spaces for the researchers and students involved in each project; library services; meeting rooms; clerical assistance; phone, fax and Internet connection; video conferencing equipment; software for quantitative and qualitative statistical analysis; and other general services.

b) Financial Status (Annex 9):

The Institute received its third financial contribution (2016 budget) from the MSI in May 2016 (US\$422,907). These funds were predominantly devoted to activities implemented during that year. Additionally, MSI contributed funding for Outreach (US\$ 22,555) and Networking activities (US\$ 11,306), which was fully invested in the activities implemented by MIDAP during 2016. Furthermore, several MIDAP researchers received financial support from CONICYT's Program of International Cooperation (PCI): Mariane Krause and collaborators were awarded US\$105,000 for three years (PII20150035, 2016-2018) for full-time engagement in activities related to MIDAP lines of research. In addition, Carola Pérez and collaborators received US\$22,613 (REDES150005, 2016-2017) to support the potential establishment of a Latin American network between research centers from Chile (MIDAP), Mexico, and Colombia dealing with e-mental health for depression. Besides, MIDAP received some financial support from FONDECYT and CONICYT (FONIS and Postdoctoral projects) through funding for other research projects conducted by several MIDAP researchers. The Institute also received funding from one of its host institutions, UC, to finance the research stays of two doctoral students who traveled to foreign research centers (US\$5,286).

The outflow structure for the year 2016 followed the same pattern as last year; with most of the MSI income spent on researchers', students', and research assistants' salaries and incentives, support for scientific events attendance, partial support for publications, among others. As in the previous year, and following the suggestions of the MSI Executive Board, MIDAP used 2016 funds to keep a cash reserve for the first months of the following year, while the 2017 funds arrived.

Annex 1.- Institute Researchers

<u>NOMENCLATURE</u>	[Gender] [M] Male [F] Female	[Academic Degree] [U] Undergraduate [M] Master [D] Doctoral	[Relation with Center] [1] Full time [2] Part time
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a. Associate Researchers

Full Name	Lines of Research	Nationality	Gender	Date of birth	Profession	Academic Degree	Affiliation	Current Position	Relation with Center
Mariane Krause	Psychotherapeutic interventions and change processes. Basic bio-psycho-social structures and processes. Rehabilitation and reintegration.	Chilean	F	17-10-1955	Psychologist	D	Pontificia Universidad Católica de Chile	Full Professor	2
María Pía Santelices	Health promotion and psychosocial prevention.	Chilean	F	04-02-1969	Psychologist	D	Pontificia Universidad Católica de Chile	Associate Professor	2
Claudia Miranda	Health promotion and psychosocial prevention.	Chilean	F	17-12-1974	Psychologist	D	Universidad de Valparaíso, Pontificia Universidad Católica de Chile	Adjunct Professor	2
Pamela A. Foelsch	Psychotherapeutic interventions and change processes.	North American	F		Psychologist	D	Instituto Médico Shilkrut	Researcher	2
J. Carola Pérez	Basic bio-psycho-social structures and processes. Psychotherapeutic interventions and change processes. Rehabilitation and reintegration.	Chilean	F	21-03-1970	Psychologist	D	Pontificia Universidad Católica de Chile, Universidad del Desarrollo	Adjunct Researcher	2

María Graciela Rojas	Health promotion and psychosocial prevention.	Chilean	F	24-09-1954	Psychiatrist	D	Universidad de Chile	Full Professor	2
Claudio Martínez	Basic bio-psycho-social structures and processes. Psychotherapeutic interventions and change processes.	Chilean	M	06-04-1962	Psychologist	D	Universidad Diego Portales	Associate Professor	2
Luis Salazar	Basic bio-psycho-social structures and processes.	Chilean	M	29-08-1960	Medical Technician	D	Universidad de la Frontera	Full Professor	2
Diego Cosmelli	Psychotherapeutic interventions and change processes.	Chilean	M	18-01-1973	Biochemist	D	Pontificia Universidad Católica de Chile	Associate Professor	2
Vania Martínez	Psychotherapeutic interventions and change processes. Health promotion and psychosocial prevention.	Chilean	F	14-01-1970	Psychiatrist	D	Universidad de Chile	Associate Professor	2
Jaime Silva	Basic bio-psycho-social structures and processes.	Chilean	M	07-07-1972	Psychologist	D	Universidad del Desarrollo, Universidad de la Frontera	Associate Professor	2

b. Young Researchers

Full Name	Lines of Research	Nationality	Gender	Date of birth	Profession	Academic Degree	Affiliation	Current Position	Relation with Center
Manuel Ortiz	Basic bio-psycho-social structures and processes.	Chilean	M		Psychologist	D	Universidad de la Frontera	Assistant Professor	2
Álvaro Vergés	Basic bio-psycho-social structures and processes.	Chilean	M		Psychologist	D	Pontificia Universidad Católica de Chile	Assistant Professor	2

Cristián Cáceres	Rehabilitation and reintegration.	Chilean	M		Psychologist	U	PsicoMedica Research & Clinical Group		2
Alex Behn	Psychotherapeutic interventions and change processes. Rehabilitation and reintegration.	Chilean	M		Psychologist	D	Pontificia Universidad Católica de Chile	Adjunct Professor	2
Francisca Pérez	Health promotion and psychosocial prevention.	Chilean	F		Psychologist	D	Universidad Alberto Hurtado		2
Claudia Capella	Psychotherapeutic interventions and change processes.	Chilean	F		Psychologist	D	Universidad de Chile	Profesor	2
Sebastián Medeiros	Psychotherapeutic interventions and change processes. Health promotion and psychosocial prevention.	Chilean	M		Psychiatrist	D	Pontificia Universidad Católica de Chile	Professor	2
Marcela Grez (until September 2016; after she was appointed as Technical Assistant)	Psychotherapeutic interventions and change processes.	Chilean	F		Psychologist	D	Pontificia Universidad Católica de Chile, Facultad de Medicina		2
Matías Irrarrázaval	Health promotion and psychosocial prevention.	Chilean	M		Psychiatrist	M	Universidad de Chile, Departamento de Psiquiatría y Salud Mental, Facultad de Medicina	Assistant Professor	2
Paul Vohringer	Basic bio-psycho-social structures and processes. Health promotion and psychosocial prevention.	Chilean	M		Psychiatrist	M	Universidad de Chile, Departamento de Psiquiatría y Salud Mental, Facultad de Medicina	Assistant Professor	2

1.3 Senior Researchers

Full Name	Lines of Research	Nationality	Gender	Profession	Academic Degree	Affiliation	Current Position	Relation with Center
Horst Kaechele	Psychotherapeutic interventions and change processes.	German	M	Psychiatrist	D	International Psychoanalytic University Berlin	Professor	2
Adam Horvath	Psychotherapeutic interventions and change processes.	Canadian	M	Psychologist	D	Simon Fraser University	Professor Emeritus, Counselling Psychology Program (Education) & Department of Psychology	2
Peter Fonagy	Psychotherapeutic interventions and change processes.	British	M	Psychologist	D	University College London	Head of Department, Research Department of Clinical, Educational and Health Psychology and Anna Freud Memorial Center	2
Manfred Cierpka	Psychotherapeutic interventions and change processes.	German	M	Psychiatrist	D	University Hospital Heidelberg	Medical Director of the Institute for Psychosomatic Cooperation Research and Family Therapy	2
Juan Pablo Jiménez (former Associate Researcher)	Basic bio-psycho-social structures and processes.	Chilean	M	Psychiatrist	D	Universidad de Chile	Full Professor	2
Guillermo de la Parra (former Associate Researcher)	Psychotherapeutic interventions and change processes.	Chilean	M	Psychiatrist	D	Pontificia Universidad Católica de Chile	Full Professor	2

1.4 Others (Adjunct and Postdoctoral Researchers)

Full Name	Research Line	Nationality	Gender	Profession	Academic Degree	Affiliation	Current Position	Relation with Center
Alemka Tomicic (former Associate Researcher; she was appointed as Adjunct Researcher since May 2016)	Basic bio-psycho-social structures and processes. Psychotherapeutic interventions and change processes.	Chilean	F	Psychologist	D	Universidad Diego Portales	Assistant Professor	2
Eugenio Rodríguez (idem Alemka Tomicic)	Psychotherapeutic interventions and change processes.	Chilean	M	Psychologist	D	Pontificia Universidad Católica de Chile	Associate Professor	
Orietta Echávarri	Basic bio-psycho-social structures and processes.	Chilean	F	Psychologist	D	Pontificia Universidad Católica de Chile	Associate Assistant Professor	2
Candice Fischer	Rehabilitation and reintegration.	Chilean	F	Psychologist	D	Pontificia Universidad Católica de Chile	Associate Professor	2
Susana González	Health promotion and psychosocial prevention.	Chilean	F	Psychiatrist	D	Pontificia Universidad Católica de Chile	Associate Professor	2
Luisa Herrera	Basic bio-psycho-social structures and processes.	Chilean	F	Biochemist	D	Universidad de Chile	Associate Professor	2
Carmen Gloria Hidalgo	Basic bio-psycho-social structures and processes.	Chilean	F	Psychologist	M	Pontificia Universidad Católica de Chile	Full Professor	2
Felipe Martínez	Basic bio-psycho-social structures and processes.	Chilean	M	Anthropologist	D	Pontificia Universidad Católica de Chile	Assistant Professor	2
Klaus Schmeck	Psychotherapeutic interventions and change processes.	Swiss	M	Psychiatrist	D	Psychiatric University Hospital Basel (UPK)	Ordinarius für Kinder- und Jugendpsychiatrie Kinder- und Jugendpsychiatrische Klinik	2

Nelson Valdés	Psychotherapeutic interventions and change processes	Panamanian	M	Psychologist	D	Instituto Médico Schilkrut	Researcher; Director of Research Area	2
Susana Maldonado	Basic bio-psycho-social structures and processes	Chilean	F	Biologist	M	Instituto Milenio para la Investigación en Depresión y Personalidad-MIDAP	Director of Management and Development	2
Stephanie Bauer	Rehabilitation and reintegration.	German	F	Psychologist	D	University Hospital Heidelberg	Chief Reasearcher at Center for Psychotherapy Research	2
Paula Errázuriz	Rehabilitation and reintegration.	Chilean	F	Psychologist	D	Pontificia Universidad Católica de Chile	Associate Professor	2
Sergio Gloger	Rehabilitation and reintegration.	Chilean	M	Psychiatrist	U	PsicoMedica Research & Clinical Group	Director	2
Patrick Luyten	Basic bio-psycho-social structures and processes.	British	M	Psychologist	D	Research Department of Clinical, Educational and Health Psychology, University College London		2
Susana Morales	Basic bio-psycho-social structures and processes.	Chilean	F	Psychologist	D	Pontificia Universidad Católica de Chile, Departamento de Psiquiatría	Associate Professor	2
Susanne Schlueter-Müller	Psychotherapeutic interventions and change processes.	Swiss	F	Psychiatrist	D			2
Marcia Olhaberry	Health promotion and psychosocial prevention.	Chilean	F	Psychologist	D	Pontificia Universidad Católica de Chile	Associate Professor	2

Diana Rivera	Psychotherapeutic interventions and change processes.	Chilean	F	Psychologist	D	Pontificia Universidad Católica de Chile	Associate Professor	2
Carolina Altimir	Psychotherapeutic interventions and change processes.	Chilean	F	Psychologist	D	Universidad de las Américas	Postdoctoral Researcher	2
Álvaro Langer	Basic bio-psycho-social structures and processes. Psychotherapeutic interventions and change processes. Health promotion and psychosocial prevention.	Chilean	M	Psychologist	D	Universidad Austral de Chile	Assistant Professor	2
Carmen Olivari	Basic bio-psycho-social structures and processes.	Chilean	F	Psychologist	D	Pontificia Universidad Católica de Chile	Associate Professor	2
Olga Fernández	Psychotherapeutic interventions and change processes.	Chilean	F	Psychologist	D	Universidad de Chile y Midap Institute	Assistant Professor Asistente; Postdoctoral Researcher MIDAP	2
Álvaro Carrasco	Rehabilitation and reintegration.	Chilean	M	Psychologist	D	Instituto Milenio para la Investigación en Depresión y Personalidad-MIDAP	Postdoctoral Researcher MIDAP	2
Carla Crempien	Psychotherapeutic interventions and change processes. Rehabilitation and reintegration.	Chilean	F	Psychologist	D	Instituto Milenio para la Investigación en Depresión y Personalidad-MIDAP	Postdoctoral Researcher MIDAP	2
Paula Dagnino	Psychotherapeutic interventions and change processes.	Chilean	F	Psychologist	D	Universidad Gabriela Mistral	Académica Psicología y Coordinadora Equipo Clínico Adulto (CAP); Postdoctoral Researcher MIDAP	2

Annex 2.- Lines of Research

Nº	Line of Research	Research Line Objectives	Description of Research Line	Researcher	Research Discipline	Starting Date	Ending Date
1	Basic bio-psycho-social structures and processes.	This line of research focuses on the origins and the mechanisms that trigger, develop, and sustain psychological disorders. It includes the assessment of the multiple cultural, social, developmental and psychobiological conditions involved in depression and personality.	<p>It includes the assessment of the multiple cultural, social, developmental and psychobiological conditions involved in depression and personality. Some topics for specific studies of this line are:</p> <ul style="list-style-type: none"> - Interaction of cultural, social, and family variables in the prevalence of depressive disorders, suicide risk, and subjective experience of illness. - Confluence of cultural aspects and genetic susceptibilities with personality types and depression in the Chilean population. - Conditions of labor and educational contexts for subjective wellbeing and depression. - Trauma and alterations of early attachment as determinants of depression and personality disorders. - Psychobiological correlates of depressive disorders in interaction with personality types and structures. 	<p>Juan Pablo Jiménez J. Carola Pérez Luis Salazar Alemka Tomicic Orietta Echávarri Luisa Herrera Felipe Martínez Carmen Gloria Hidalgo Karina Jaramillo Claudio Martínez Paul Vohringer Mariane Krause Álvaro Langer Susana Morales* Jaime Silva Carmen Olivari Manuel Ortiz Patrick Luyten Álvaro Vergés Susana Maldonado</p>	<p>Genética y evolución.</p> <p>Medicina psicosomática (incluyendo psiquiatría).</p> <p>Psicobiología.</p> <p>Antropología física.</p> <p>Otras Sicologías.</p> <p>Otras Sociologías.</p> <p>Sicología de la Personalidad.</p> <p>Otras especialidades de la biología.</p>	24-12-14	
2	Health promotion and psychosocial prevention.	This line of research focuses on evaluating the effectiveness of intervention strategies aimed at changing the early conditions associated with the development of depression and personality disorders and reducing the social exclusion of the psychologically handicapped and fostering the	<p>It includes:</p> <ul style="list-style-type: none"> - Assessment of the effectiveness of media campaigns aimed at transforming social representations and practices associated with the social determinants of disorders and with social exclusion. - Impact of social support programs and early attachment interventions on psychological wellbeing and the prevention of disorders. 	<p>María Pía Santelices María Graciela Rojas Susana González * Francisca Pérez Matías Irrarrázaval * Sebastián Medeiros Claudia Miranda Vania Martínez Marcia Olhaberry *</p>	<p>Otras Sicologías.</p> <p>Sicología Clínica.</p> <p>Antropología Cultural y Social.</p>	24-12-14	

		capacities of mental health professionals.	<ul style="list-style-type: none"> - Effectiveness of interventions geared towards preventing depressive disorders and suicidality among adolescents attending school. - Design and evaluation of interventions aimed at increasing the problem-solving capacity of mental health teams in primary health care. 	Paul Vohringer Álvaro Carrasco * Álvaro Langer *	Medicina psicosomática (incluyendo psiquiatría). Otras especialidades de la medicina.		
3	Psychotherapeutic interventions and change processes.	This line of research focuses on the analysis of change processes and the effectiveness of psychological interventions	Two of these studies imply multinational process-outcome studies: <ul style="list-style-type: none"> - Impact of the operational psychodynamic diagnosis of personality (OPD) on the suitability, effectiveness, and change process in psychotherapies for depression. - Impact of meditation and mindfulness on depressive symptoms, psychological wellbeing, as well as on psycho-physiological correlates and personality. - Change mechanisms involved in the effectiveness of psychotherapies for depression and personality disorders in different approaches and age groups, such as AIT (Multinational Study), computer-based CBT for adolescents, psychodynamic therapy, gestalt therapy, mindfulness therapy, and group therapy for the elderly. - Interaction of personality styles and depressive symptoms in shaping the subjective experiences of adolescents, adults, and older adults concerning psychotherapeutic success or failure. - Effectiveness of the application of E-Mental Health devices for decreasing depressive symptoms in adolescents (Multinational Study). - Physiological and neural correlates and effects of psychotherapeutic change processes, considering different 	Nelson Valdés * Carolina Altimir Augusto Mellado Sebastián Medeiros Carla Crempien * Olga Fernández Diego Cosmelli Pamela A. Foelsch Alex Behn Diana Rivera Guillermo de la Parra Claudio Martínez Vania Martínez Mariane Krause Eugenio Rodríguez Alemka Tomicic Álvaro Langer Marcela Grez Claudia Capella Susanne Schlueter-Müller Klaus Schmeck Paula Dagnino *	Psicología Clínica. Medicina psicosomática (incluyendo psiquiatría). Otras Sicologías. Otras especialidades de la biología.	24-12-14	

			personality types and structures, regulation processes and mentalization.				
4	Rehabilitation and reintegration.	This line focuses on patient recovery and on decreasing the chronicity of the depression.	<p>It includes the following research topics:</p> <ul style="list-style-type: none"> - Determination of personality and bio-psychological variables involved in chronicity of depression and resistance to treatment. - Effectiveness of interventions oriented to family conditions and dynamics involved in recovery after a suicide attempt. - Effectiveness of the application of E-Mental Health devices for decreasing the chronicity of recurrent depressive disorders and an effective return to work after treatment. This study involves the conjoined work with German experts in E-Mental Health and the Chilean Safety Association (ACHS). - Effectiveness of social inclusion strategies for older people who suffer from depressive disorders. 	<p>Sergio Gloger *</p> <p>Stephanie Bauer</p> <p>Carla Crempien</p> <p>Paula Errázuriz</p> <p>Candice Fischer</p> <p>Mariane Krause</p> <p>J. Carola Pérez</p> <p>Alex Behn</p> <p>Cristián Cáceres *</p> <p>Álvaro Carrasco</p>	<p>Sicología Clínica.</p> <p>Otras Sicologías.</p> <p>Medicina psicosomática (incluyendo psiquiatría).</p>	24-12-14	

Note: The names of the leaders of each study are highlighted in bold. When the leader is not an Associate Researcher, an asterisk was placed next to his/her name.

Annex 3: Publications

Category of Publication	MSI Center Members	Reference
3.1 ISI Publications or Similar to ISI Standard	Associate Researchers	<ol style="list-style-type: none"> 1. Fernández, MO, Krause, M., Pérez, JC. (2016). Therapeutic Alliance in the Initial Phase of Psychotherapy for Adolescents: Some Perspectives and Their Association with Therapeutic Outcomes, Research in Psychotherapy: Psychopathology, Process and Outcome. 19(1) DOI: 10.4081/ripppo.2016.180 2. Marín R, Martínez P, Cornejo JP, Díaz B, Peralta J, Tala Á and Rojas G. (2016). Chile: Acceptability of a Training Program for Depression Management in Primary Care, Front. Psychol. 7:853. doi: 10.3389/fpsyg.2016.00853 3. Martínez P, Vöhringer PA, Rojas G. (2016). Barreras de acceso a tratamiento de madres con depresión posparto en centros de atención primaria: un modelo predictivo, Rev Latino-Am Enfermagem 2016; 24:e2675. DOI: http://dx.doi.org/10.1590/1518-8345.0982.2675 4. Mellado-Mora, A., Suárez N, Altimir C, Martínez C, Pérez J, Krause M, Horvath A (2016). Disentangling the change-alliance relationship: Observational assessment of the therapeutic alliance during change and stuck episodes, Psychother Res. 2016 Apr 21:1-13. 5. Espinosa, HD; Carrasco, A., Moessner, M., Cáceres, C., Gloger, S., Rojas, G., Perez, JC, Vanegas, J., Bauer, S. & Krause, M. (2016). Acceptability study of ‘ASCENSO’: an online program for monitoring and supporting patients with depression in Chile, Telemedicine and e-Health journal, VOL. 22 NO. 7 6. Krause, M, Güell, P, Jaramillo, A, Zilveti, M, Jiménez, JP, Luyten. P. (2016). Changing communities and increases in the prevalence of depression: is there a relationship?, Universitas Psychologica, 14(4), 1259-1268. http://dx.doi.org/10.11144/Javeriana 7. Morán, J., Martínez, C., Tomicic, A., Pérez, C., Krause, M., Guzmán, M., San Martín, D., Angulo, S., Barroux, I., Gerstmann, A., & de La Cerda, C. (2016). Manifestaciones verbales y no verbales de la regulación mutua en episodios relevantes de psicoterapia, Estudios de Psicología: Studies in Psychology, http://dx.doi.org/10.1080/02109395.2016.1204784 (WOS) 8. Santelices, P; J Zapata; M Fischersworrning; F Pérez; C Mata; B Barco; M Olhaberry; Ch Farkas (2016). Intervenciones basadas en la mentalización para padres y educadores: una revisión sistemática, Terapia Psicológica, Vol. 34, N° 1, 71-80 9. Tomicic, A., Gálvez, C., Quiroz, C., Martínez, C., Fontbona, J., Rodríguez, J., Aguayo, F., Rosenbaum, C., Leyton, F., Lagazzi, I. (2016). Suicidio en poblaciones lesbiana, gay, bisexual y trans: Revisión sistemática de una década de investigación (2004-2014), Revista Médica de Chile, 144: 723-733 10. Saavedra, K., Molina-Marquez, A., Saavedra, N., Zambrano, T., Salazar, L. (2016). Epigenetic Modifications of Major Depressive Disorder, International Journal of Molecular Sciences. Vol. 17, 1279. Doi:10.3390/ijms17081279 11. Sanhueza, J, Zambrano T, Bahamondes-Avila, C, and Salazar, LS. (2016). Association of Anxiety-Related Polymorphisms with Sports Performance in Chilean Long Distance Triathletes: A Pilot Study, Journal of Sports Science and Medicine 15, 554-561

		<p>12. Rodríguez, E., JC Ruiz, C Valdés, M Reinel, M Díaz, J Flores, C Crempien, C Leighton, A Botto, C Martínez y A Tomicic (2016). Estilos de personalidad dependiente y autocrítico: desempeño cognitivo y sintomatología depresiva, <i>Revista Latinoamericana de Psicología</i>, http://dx.doi.org/10.1016/j.rlp.2016.09.005</p> <p>13. Krause, M., Altimir, C., Pérez, J. C., Echávarri, O., Valdés, N., & Katherine Strasser, K. (2016). Therapeutic verbal communication in change episodes: a comparative microanalysis of linguistic basic forms / Comunicación verbal terapéutica en episodios de cambio: un microanálisis comparativo de las formas lingüísticas básicas, <i>Estudios de Psicología Volume 37 - Issue 2-3: Psychotherapy Process Research / Número Monográfico: Investigación del Proceso Psicoterapéutico</i>, 514-547, http://dx.doi.org/10.1080/02109395.2016.1227575</p> <p>14. Barros, P., Altimir, C. & Pérez, J.C. (2016). Patients' facial-affective regulation during episodes of rupture of the therapeutic alliance, <i>Estudios de Psicología Volume 37 - Issue 2-3: Psychotherapy Process Research / Número Monográfico: Investigación del Proceso Psicoterapéutico</i>, 580-603. DOI: 10.1080/02109395.2016.1204781</p> <p>15. Tomicic, A., JC Pérez, C Martínez y E Rodríguez (2016). Vocalization-Silence Dynamic Patterns: A system for measuring coordination in psychotherapeutic dyadic conversations. <i>Revista Latinoamericana de Psicología</i>, http://dx.doi.org/10.1016/j.rlp.2016.09.004</p> <p>16. Krause, M. & Altimir, C. (2016). Introduction: current developments in psychotherapy process research / Introducción: desarrollos actuales en la investigación del proceso psicoterapéutico, <i>Estudios de Psicología, Volume 37 - Issue 2-3: Psychotherapy Process Research / Número Monográfico: Investigación del Proceso Psicoterapéutico</i>, 201-225, http://dx.doi.org/10.1080/02109395.2016.1227574</p> <p>17. Abarzúa, M., Silva, M., Navarro, D., & Krause, M. (2016). Psychotherapy from the perspective of Chilean patients with schizophrenia / Psicoterapia desde la perspectiva de pacientes chilenos con esquizofrenia, <i>Estudios de Psicología, Volume 37 - Issue 2-3: Psychotherapy Process Research / Número Monográfico: Investigación del Proceso Psicoterapéutico</i>, 418-431, http://dx.doi.org/10.1080/02109395.2016.1189204</p> <p>18. Vöhringer PA, Castro A, Martínez P, Tala A, Medina S, Rojas G. (2016). Healthcare team training programs aimed at improving depression management in primary care: A systematic review. <i>Journal of Affective Disorders</i> 200 (2016) 142–147</p> <p>19. Pérez, F; Santelices, MP. (2016). Sintomatología depresiva, estrés parental y funcionamiento familiar, <i>Revista Argentina de Clínica Psicológica</i>, vol. XXV, núm. 3, noviembre, 2016, pp. 235-244. Fundación Aiglé, Buenos Aires, Argentina. http://www.redalyc.org/articulo.oa?id=281948416003</p>
	Others	<p>20. Gallego, J., Aguilar-Parra, J., Cangas, Adolfo., Rosado, A., Langer, A. (2016). Efecto de intervenciones mente/cuerpo sobre los niveles de ansiedad, estrés y depresión en futuros docentes de educación primaria: un estudio controlado, <i>Revista de Psicodidáctica</i>, 2016, 21(1), 87-101</p> <p>21. Irarrázaval, M., Prieto, F., Armijo, J. (2016). Prevención e intervenciones tempranas en salud mental: una perspectiva internacional, <i>Acta Bioethica</i> 22 (1): 37-50</p> <p>22. Langer, Á, Ulloa V, Aguilar-Parra J, Araya-Véliz C, Brito G. (2016). Validation of a Spanish translation of the Gratitude Questionnaire (GQ-6) with a Chilean sample of adults and high schoolers, <i>Health and Quality of Life Outcomes</i> DOI: 10.1186/s12955-016-0450-6</p>

		<p>23. Morales, S., Fischman, R., Echávarri, O., Barros, J., Armijo, I., Moya, C., Maino, MP, y Núñez, C. (2016). Vivencia-expresión de la rabia y razones para vivir en un grupo de pacientes chilenos con riesgo suicida, <i>Revista Iberoamericana de Psicología y Salud</i>, 60–68. doi:10.1016/j.rips.2016.03.002</p> <p>24. Carrasco, Á.E., (2016). Acceptability of an adventure video game in the treatment of female adolescents with symptoms of depression. <i>Research in Psychotherapy: Psychopathology, Process and Outcome</i>, 19(1):10-18. doi: 10.4081/ripppo.2016.182.</p> <p>25. Langer Á, Aguilar-Parra JM, Ulloa GV, Carmona-Torres JA, Cangas AJ. (2016). Substance Use, Bullying, and Body Image Disturbances in Adolescents and Young Adults Under the Prism of a 3D Simulation Program: Validation of MySchool4web, <i>Telemed J E Health</i>. Jan; 22(1):18-30</p> <p>26. McGirr, A., Vohringer, P., Ghaemi, SN., Lam, RW., Yatham, LN. (2016). Safety and efficacy of adjunctive second-generation antidepressant therapy with a mood stabiliser or an atypical antipsychotic in acute bipolar depression: a systematic review and meta-analysis of randomised placebo-controlled trials. <i>The Lancet Psychiatry</i>, Vol. 3, No. 12, p1138–1146. http://dx.doi.org/10.1016/</p> <p>27. Errázuriz, P., Cerfogli, C., Moreno, G., Soto, G. (2016). Perception of Chilean Parents on the Triple P Program for Improving Parenting Practices, <i>J Child Fam Stud</i> Volume 25, Issue 11, pp 3440–3449; doi:10.1007/s10826-016-0492-8</p> <p>28. Cangas, A., Carmona-Torres, J., Gallego, J., Aguilar-Parra, J., Langer, A. (2016). Bullying, drug use, and eating disorders: An assessment by using a 3D simulation instrument in educational settings, <i>Mental Health & Prevention</i>. http://dx.doi.org/10.1016/j.mhp.2016.09.001</p> <p>29. Vöhringer, P., S.A. Barroilhet, K. Alvear, S. Medina, C. Espinosa, K. Alexandrovich, P. Riumallo, F. Leiva, M. E. Hurtado, J. Cabrera, M. Sullivan, N. Holtzman, S. N. Ghaemi, (2016). The International Mood Network (IMN) Nosology Project: differentiating borderline personality from bipolar illness, <i>Acta Psychiatrica Scandinavica</i> 134: 504–510. DOI: 10.1111/acps.12643</p> <p>30. Barros, J, S Morales, O Echávarri, A García, J Ortega, T Asahi, C Moya, R Fischman, MP Maino, C Núñez, (2016). Suicide detection in Chile: proposing a predictive model for suicide risk in a clinical sample of patients with mood disorders, <i>Revista Brasileira de Psiquiatria</i>. Oct 20:000–000, doi:10.1590/1516-4446-2015-1877.</p> <p>31. Morales, S., O Echávarri, J Barros, F Zuloaga y T Taylor , (2016). Percepción del propio riesgo suicida: estudio cualitativo con pacientes hospitalizados por intento o ideación suicida, <i>Revista Argentina de Clínica Psicológica</i>. Vol. XXV, N°3, 245-258</p> <p>32. Valdés, N, Arriagada, L, y Alamo, N., (2016). Relational offers and demands: analysing the conflictual interactional components of anaclitic and introjective female depressive patients, <i>Estudios de Psicología / Studies in Psychology</i>, Volume 37 - Issue 2-3: Psychotherapy Process Research / Número Monográfico: Investigación del Proceso Psicoterapéutico, 432-483. http://dx.doi.org/10.1080/02109395.2016.1205872</p> <p>33. de Angel, V., F. Prieto, T. R. G. Gladstone, W. R. Beardslee and M. Irarrázaval, (2016), The feasibility and acceptability of a preventive intervention programme for children with depressed parents: study protocol for a randomised controlled trial, <i>Trials</i>, 17:237 DOI 10.1186/s13063-016-1348-7</p>
	Associate Researchers	

3.2 SCIELO Publications or Similar to SCIELO Standard	Others	34. Fernández-González, O. M., Herrera-Salinas, P. & Escobar-Martínez, M. J. (2016). Adolescentes en Psicoterapia: Su Representación de la Relación Terapéutica, <i>Revista Latinoamericana de Ciencias Sociales, Niñez y Juventud</i> , 14 (1), pp. 559-575
3.3 Books & Chapters of Books	Associate Researchers	35. Krause, M., Montenegro, C., (2016). Community as a multifaceted concept, In M. A. Bond, C. B. Keys & I. Serrano-García, <i>Handbook of Community Psychology Vol 1</i> : 275-294. Washington, D.C: American Psychological Association
	Others	36. Langer, A.I., Carmona-Torres, J. A., Van Gordon, W., & Shonin, E., (2016). Mindfulness for the Treatment of Psychosis: State of the Art and Future Developments, In: Shonin, E., Van Gordon, W., & Griffiths, M. D. (Eds). <i>Mindfulness and Buddhist-Derived Approaches in Mental Health and Addiction</i> (pp. 211-223). New York: Springer. 37. Morales, S., Echávarri, O., Barros, J., Moya, C., Varela, C., Armijo I, Fischman, R., Murillo, C., Maino, MP., Núñez, C., & Peñaloza, F. (2016). Bonding and suicide risk, In RiL (Ed.), <i>Psicoanálisis y psicoterapia relacional</i> (1st ed., pp. 61–72). Santiago, Chile: Capítulo Chileno international association for relational psychoanalysis psychotherapy. http://www.buscalibre.cl/libro-psicoanalisis-y-psicoterapia-relacional-en-chile/9789560103444/p/47598304 .
3.4 Other Publications	Associate Researchers	38. De la Parra, G, E Gómez-Barris, P Dagnino (2016). Conflicto y estructura en psicoterapia dinámica: el diagnostico psicodinámico operacionalizado (OPD-2), <i>Mentalización, Revista de psicoanálisis y psicoterapia</i> . Año III, número II., 6 39. Krause, M, Abarzúa, M., Silva, M., Navarro, D, Altimir, C., (2016). Psychotherapie aus der Sicht von Klienten mit Schizophrenie. <i>Verhaltenstherapie & psychosoziale Praxis</i> , Volume 48, Issue 1, Page(s) 83-101. 40. Von Bergen, A. y Krause, M. (2016). Disonancias, armonías y diálogos entre la investigación y la práctica clínica en Psicoterapia, <i>Psiquiatría y Salud Mental</i> , N° 1/2, XXXIII, 5 - 15. DOI: 10.3389/fpsyg.2015.00379
	Others	41. Medeiros, S. y S. Guendelman, (2016). Developmental Trauma from a Buddhist and Relational Inter-subjective Perspective, <i>International Journal of Psychotherapy</i> , Vol. 20, Extra Special E-Issue, July 2016, pp. 94-113

Annex 3.5: Collaborative Publications

Category of Publication	1 researcher		2 researchers		3 researchers		4 or more	
	Nº	%	Nº	%	Nº	%	Nº	%
ISI Publications or Similar to ISI Standard	13	30%	4	10%	2	5%	1	2,5%
SCIELO Publications or Similar to SCIELO Standard	0	0%	0	0%	0	0%	0	0%
Books and chapters	1	2,5%	0	0%	0	0%	0	0%
Other Publications	3	7,5%	0	0%	0	0%	0	0%
Total of publications	17	40%	4	10%	2	5%	1	2,5%

Annex 4.- Organization of Scientific Events

Scope	Title	Type of Event	City & Country	Responsible Researcher
National	Mindfulness and Resilience: Conceptual Basis and Mental Health Interventions [Mindfulness y resiliencia: Bases conceptuales e intervenciones en salud mental]	Seminar	Santiago, Chile	Álvaro Langer
National	Prevention, Intervention, and Research in Adolescent Depression and Identity [Prevención, intervención e investigación en depresión e identidad en adolescentes]	Seminar	Santiago, Chile	Nelson Valdés
National	Mindfulness and Education in Chile [Mindfulness y educación en Chile]	Seminar	Santiago, Chile	Sebastián Medeiros
National	Stress Impairs Introspection for Perceptual Decisions	Conference	Santiago, Chile	Jaime Silva
National	Mental Health and Suicide Prevention in LGBT Young People [Salud mental y prevención de suicidio en jóvenes LGBT]	Workshop	Santiago, Chile	Claudio Martínez
National	The State of the Art in Contemplative Sciences [Actualización en ciencias contemplativas]	Course	Santiago, Chile	Sebastián Medeiros
National	Mental Health and Suicide Prevention in LGBT Young People: Challenges for Schools [Salud mental y prevención de suicidio en jóvenes LGBT: Desafíos para el ámbito escolar]	Workshop	Santiago, Chile	Alemka Tomicic
National	Promoting Secure Attachment and Preventing Maltreatment: Mentalizing as a Common and Unifying Element in Interventions [Promover apegos seguros y prevenir el maltrato: La mentalización como un elemento común y unificador en la intervención]	Conference	Valparaíso, Chile	Claudio Martínez
National	Measuring Quality of Life in Family Carers of People with Dementia	Conference	Santiago, Chile	Claudia Miranda
National	Book launch ("Escorzo")	Book launch	Santiago, Chile	Juan Pablo Jiménez
National	Mindfulness and Childrearing [Mindfulness y crianza]	Workshop	Santiago, Chile	Sebastián Medeiros
National	Development Sciences, Cognition, and Psychopathology [Ciencias del desarrollo, cognición y psicopatología]	Seminar	Santiago, Chile	Jaime Silva
National	Acceptance and Commitment Therapy in Family Caregivers of People with Dementia [Terapia de aceptación y compromiso en cuidadores familiares de personas con demencia]	Conference	Santiago, Chile	Claudia Miranda
National	Adolescent Identity Treatment (AIT) Training Program [Programa de entrenamiento en AIT: Adolescent Identity Treatment]	Course	Santiago, Chile	Pamela Foelsch
National	Attachment and Mentalizing: The Relational Establishment of Personality [Apego y mentalización: Conformación relacional de la personalidad]	Seminar	Santiago, Chile	Claudio Martínez

Annex 5.- Education and capacity building

5.1 Capacity Building inside MSI Centers

Tutor	Undergraduate Student		Graduate Students						Total
			Master		Doctoral		Postdoctoral		
	F	M	F	M	F	M	F	M	
Eugenio Rodríguez	0	0	0	0	0	2	0	0	2
Claudio Martínez	0	0	0	0	3	1	0	0	4
María Pía Santelices	0	0	2	1	5	0	0	0	8
Mariane Krause	0	0	2	0	6	3	0	1	12
Marcia Olhaberry	0	0	4	0	2	0	0	0	6
María Graciela Rojas	0	0	1	0	2	0	1	0	4
Alemka Tomicic	0	0	1	1	0	0	0	0	2
J. Carola Pérez	0	0	3	0	0	0	0	1	4
Jaime Silva	0	0	0	0	1	0	0	0	1
Diego Cosmelli	0	0	0	0	2	0	0	0	2
Claudia Capella	0	0	2	0	0	0	0	0	2
Vania Martínez	0	0	1	0	0	0	0	0	1
Álvaro Vergés	0	0	1	0	0	0	0	0	1
Eugenio Rodríguez	0	0	0	0	1	0	0	0	1
Jaime Silva									
Marcia Olhaberry	0	0	1	0	0	0	0	0	1
Candice Fischer									
Diana Rivera	0	0	0	0	2	1	0	0	3
Juan Pablo Jiménez	0	0	0	0	0	2	0	0	2
Susana González	0	0	1	0	0	0	0	0	1
Paula Errázuriz	0	0	0	0	1	0	0	0	1
Guillermo de la Parra	0	0	0	0	1	0	2	0	3

Tutor	Undergraduate Student		Graduate Students						Total
			Master		Doctoral		Postdoctoral		
	F	M	F	M	F	M	F	M	
Luis Salazar	0	0	0	0	1	0	0	0	1
Carolina Altimir	0	0	0	1	0	0	0	0	1
Alex Behn	0	0	2	0	0	0	0	0	2
Claudia Miranda	0	0	0	1	0	0	0	0	1
Total	0	0	21	4	27	9	4	1	66

Annex 5.2. - Short-term Traineeships of MSI students

Student Name	Institution	Country	Advisor	Project Description	Starting Date	Ending Date
Ana María Gallardo	Michigan State University (MSU)	USA	Claire Valloton	The main objectives of the traineeship were: 1) To acquire state-of-the art early childhood knowledge and generate collaborative work with the USA team. In order to do this, the plan was to collaborate with the tutor Dr. María Pía Santelices and Dr. Valloton to write 2 scientific articles with the data obtained by FONDECYT Project number 1130786 and those obtained by the USA team. These articles should be part of MIDAP Institute's line of research entitled "Health promotion and psychosocial prevention". 2) To become acquainted with the plans and programs being implemented by the MSU community in the field of mental health prevention and promotion. Afterwards, her objective was to participate in training programs for professionals and workshops for parents being conducted in UC's Early Childhood programs in Chile, applying the knowledge acquired through the traineeship.	21-09-2016	12-10-2016
Cristóbal Hernández	Heidelberg University	Germany	Beate Ditzen	To engage in international collaboration with the research team led by her co-tutor, Professor Beate Ditzen, to work on a project focused on stress, physiological measures, and couple relationships and also to receive training in that methodology, discuss measures with the co-tutor, and evaluate the inclusion of these measures in the thesis. Another objective was to strengthen the relationship with the research team collaborating with the Chilean team led by Diana Rivera, because they are working together in Project PII20150035 PCI-CONICYT and in the future IRTG (International Research Training Group) project with UC, U de Chile, and Heidelberg University.	28-12-2016	
Martina Fischersworring	Heidelberg University	Germany	Christina Hunger	To collect data by interviewing German psychotherapists as part of her doctoral thesis, entitled "Subjective Impact of Therapeutic Success and Failure on the Therapist's Well-being/Displeasure Experiences". To achieve this objective, she received help from the teams led by Christina Hunger (Universität Heidelberg) and Barbara Bräutigam (Universität Neu-Brandenburg). In addition,	14-09-2016	15-12-2016

				she assisted the international research team (MIDAP, Heidelberg University, University of Basel) in the coding of interviews for the study of change indicators in the AIT (Adolescent Identity Treatment) model.		
Iván Yamil Quevedo	Heidelberg University	Germany	Sabine Herpetz	To join the international team led by Sabine Herpertz, which conducts research on functional neuroimaging and performs electrophysiological studies on personality disorders, and to participate in another group studying genetics in adolescent populations. Part of Project PII20150035 PCI-CONICYT and the future IRTG project.	29-12-2016	

Annex 6.- Networking and other collaborative work

6.1 Networking

NOMENCLATURE:

[Network Scope]

[N] National [I] International [LA] Latin American

Network Name	Network Scope	Researchers				Institutions
		From the Center		External		
		Researchers	Postdocs / Students	Researchers	Postdocs / Students	
E-Mental Health: New Technologies of Information in Mental Health	International	6	4	2	2	MIDAP, Universidad de Heidelberg, Universidad de Antioquia, Psicomédica-Clinical and Research Group, Asociación Chilena de Seguridad
Randomized trial: Adolescent Identity Treatment (AIT): a new integral approach for pathologies of personality	International	3	3	3	2	MIDAP, Instituto Médico Schilkrut, Child and Adolescent Psychiatry Hospital (Suiza), Well Cornell Medical College of Psychology, Universidad de Heidelberg

Annex 6.2.- Other collaborative activities

Activity Name	Co-Participants Institutions	Number of Research from the Center	Number of Postdocs/Students from the Center	Number of External Researchers	Number of External Postdocs/Students	Product
E-Mental Health: Latin American Experiences	Instituto Nacional de Psiquiatría Ramón de la Fuente Muñiz (México);	4	1	2	0	
Psychosocial Interventions for Promoting Psychological Well-Being in Children and Adolescents	Zürich University of Applied Sciences, School of Applied Psychology	4	1	2	1	3, 1. Coordination and planning meetings for conducting a multicultural study. 2. Award of an international Swiss grant to prepare a multicultural grant. 3. International Seminar: "Mindfulness and Resilience: Conceptual Basis and Mental Health Interventions"
The Links between Personality, Emotional Regulation in Ruptures and Resolutions of the Alliance, and Psychotherapeutic Outcomes in Patients with Depression	Universidad de Las Américas	2	1	2		1, 1. Coordination and planning meetings for conducting the study.
Psychotherapeutic processes in adults and children	Universidad Gabriela Mistral	2	2			1, 1. Project with funding secured

Active ingredients of change in Transference-Focused Psychotherapy: towards the identification of candidate interventions for short-term, modular interventions for patients with complex, treatment-resistant depression	Cornell University & Instituto Chileno de Trastornos de la Personalidad	5	2	2		2, 1. Project with funding secured. Coordination and planning meetings for conducting the study.
Affective disorders and personality: Disease mechanisms and mechanisms of change in psychological interventions	Universidad de Heidelberg	12	2	12		2, 1. Project with funding secured; 2. Internship: 3 doctoral students
Use of MEA software in psychotherapeutic regulation processes	University of Bern (Switzerland)	2		2		1, 1.- Scientific publication
Validation of the OPD-SQ questionnaire	Heidelberg University (Germany); Chilean Institute of Personality Disorders (Chile)	1	2	2		1, 1, Meetings for planning, translating, and validating the OPD-SQ personality structure questionnaire
Collaboration agreement with four Chilean research centers which are currently conducting longitudinal studies	Centro de Estudios Interculturales e Indígenas (CIIR) - Advanced Center for Chronic Diseases (ACCDIS) - Centro de Estudios de Conflicto y Cohesión Social (COES) - Centro de Encuestas y Estudios Longitudinales UC	6		6		

Gene-Culture Interaction in Depressive Symptomatology and Subjective Well-Being in Chile	ChileGenómico	6	5	2		1, Collection and genetic analysis of over 500 samples
Subjective Construction of the Suicide Process in Young Lesbian, Gay, and Transsexual (LGBT) People	Fundación Todo Mejora	2	1	2		3, 1. Funding for project awarded; 2. Workshop: Mental Health and Suicide Prevention in LGBT Young People Second workshop: Mental Health and Suicide Prevention in LGBT Young People: Challenges for Schools
Pilot Intervention: Preventive Depression Intervention Program for Chilean Families	Judge Baker Children's Center, Harvard University.	1	3	3	3	8, 1) 2 scientific publications; 2) 6 presentations at conferences

Annex 7. - Outreach

7.1. - Outreach activities throughout the period

National Events	Date	Description	Region	N° of Attendees
Workshop: Depression in Adolescents: What Can Schools Do? [Depresión en adolescentes ¿qué pueden hacer los colegios?]	April 27th 2016	Training workshop aimed at teachers, counselors, principals, and psychologists working at public, subsidized private, and private schools. The objective was to raise awareness about depression and suicide prevention in adolescents, in order to give the participants tools and techniques useful for detecting and referring young people with suspected depression in a timely manner.	Valparaíso	64
Workshop: Depression in Adolescents: What Can Schools Do? [Depresión en adolescentes ¿qué pueden hacer los colegios?]	October 14th 2016	Training workshops aimed at teachers, counselors, principals, and psychologists working at public, subsidized private, and private schools. The objective was to raise awareness about depression and suicide prevention in adolescents, in order to give the participants tools and techniques useful for detecting and referring young people with suspected depression in a timely manner.	Arica y Parinacota	40
Workshop: Suicide Prevention in School Contexts [Prevención del suicidio en el ámbito escolar]	August 29th 2016	Training workshop aimed at education professionals which emphasizes emotional regulation in connection to suicide through analyses of clinical cases and the main protective and risk factors associated with suicide behavior in adolescents. Participants receive tools to identify and manage at-risk students and learn how to act when suicide is attempted or committed in the school community.	de la Araucanía	88
Workshop: Suicide Prevention in School Contexts [Prevención del suicidio en el ámbito escolar]	October 28th 2016	Training workshop aimed at education professionals which emphasizes emotional regulation in connection to suicide through analyses of clinical cases and the main protective and risk factors associated with suicide behavior in adolescents. Participants receive tools to identify and manage at-risk students and learn how to act when suicide is attempted or committed in the school community.	Magallanes y Antártica Chilena	35
Workshop: Depression in Adolescents: What Can Schools Do? [Depresión en adolescentes ¿qué pueden hacer los colegios?]	May 25th 2016	Training workshops aimed at teachers, counselors, principals, and psychologists working at public, subsidized private, and private schools. The objective was to raise awareness about depression and suicide prevention in adolescents, in order to give the participants tools and techniques useful for detecting and referring young people with suspected depression in a timely manner.	de los Ríos	45
Women, Men, and Depression [Mujeres, hombres y depresión]	August 1st 2016	Cycle of "Scientific Coffee Meetings" composed of 4 talks by MIDAP researchers. Their aim is to inform the general public about the studies conducted, raise awareness about the issues that mental health problems generate in all the areas of a person's life, and dispel the myths that still surround this topic.	Metropolitana de Santiago	43

Workshop: Suicide Prevention in School Contexts [Prevención del suicidio en el ámbito escolar]	November 4th 2016	Training workshop aimed at education professionals which emphasizes emotional regulation in connection to suicide through analyses of clinical cases and the main protective and risk factors associated with suicide behavior in adolescents. Participants receive tools to identify and manage at-risk students and learn how to act when suicide is attempted or committed in the school community.	Bío Bío	50
Science and Technology Party [Fiesta de la Ciencia y la Tecnología]	October 6th 2016	For 3 days, MIDAP participated actively in one of Chile's most important scientific dissemination events, which was attended by nearly 12 thousand people. In this event, the Institute set up a booth for the promotion of mental health and showed the importance of caring for one's emotional well-being. This was done by handing out psychoeducational materials that included advice about healthy habits and emotional regulation techniques and strategies. All this was done under the motto "Take care of your mood"	Metropolitana de Santiago	12000
Workshop: Suicide Prevention in School Contexts [Prevención del suicidio en el ámbito escolar]	October 28th 2016	Training workshop aimed at education professionals which emphasizes emotional regulation in connection to suicide through analyses of clinical cases and the main protective and risk factors associated with suicide behavior in adolescents. Participants receive tools to identify and manage at-risk students and learn how to act when suicide is attempted or committed in the school community.	de los Lagos	75
Conference of the Future for Children and Adolescents [Congreso del futuro para niños y jóvenes]	November 18th 2016	With the talk "Constructing My Identity: Finding Significance Through Meaningful Experiences" ["Construyendo mi identidad: Buscando un sentido a través de experiencias significativas"], MIDAP took part in the major event entitled "Futurists: The World Changes with You" ["Futuristas: El mundo cambia contigo"], the first Conference of the Future especially designed for children and young people by the Committee for Future Challenges of the Chilean Senate.	Metropolitana de Santiago	300
Mindfulness and Its Mental Health Benefits [Mindfulness y sus beneficios en salud mental]	April 9th 2017	Cycle of "Scientific Coffee Meetings" composed of 4 talks by MIDAP researchers. Their aim is to inform the general public about the studies conducted, raise awareness about the issues that mental health problems generate in all the areas of a person's life, and dispel the myths that still surround this topic.	Metropolitana de Santiago	65
Social Exclusion and Suicide: What the Stories of Young People Teach Us about Sexual Diversity [Exclusión social y suicidio: Lo que nos enseñan las historias de jóvenes sobre diversidad sexual]	June 13th 2016	Cycle of "Scientific Coffee Meetings" composed of 4 talks by MIDAP researchers. Their aim is to inform the general public about the studies conducted, raise awareness about the issues that mental health problems generate in all the areas of a person's life, and dispel the myths that still surround this topic.	Metropolitana de Santiago	36
The Crisis of Adolescence: Difficulties in the	September 12th 2016	Cycle of "Scientific Coffee Meetings" composed of 4 talks by MIDAP researchers. Their aim is to inform the general public about the studies conducted, raise	Metropolitana de Santiago	39

Establishment of a Coherent and Continuous Identity [Crisis de la adolescencia: Dificultades en la conformación de una identidad coherente y continua]		awareness about the issues that mental health problems generate in all the areas of a person's life, and dispel the myths that still surround this topic.		
Training workshop for health professionals: I Feel Fine, My Baby Too [Me siento bien, mi bebé también]	December 23rd 2016	This training course, aimed at primary health care professionals, showed them how to reduce maternal depressive symptomatology by giving pregnant women a space to receive support and engage in reflection, intended to make it easier for them to recognize their emotions, thoughts, and behaviors, as well as to use problem-solving strategies adequately in order to foster the construction of more secure attachment with their babies.	Metropolitana de Santiago	24
First Mental Health Fair at the Instituto Nacional	November 24th 2016	MIDAP participated in the first Mental Health Fair organized by the Instituto Nacional, the oldest Chilean public school. Its aim was to promote psychic and emotional self-care as a way of improving mental health in the school community. In addition, MIDAP sought to make visible the topic of mental health in the school community in order to prevent stress, suicide, depression, and other pathologies.	Metropolitana de Santiago	3000
Emotional Care: When to Request Psychological Help? [Cuidado emocional: ¿Cuándo pedir ayuda psicológica?]	November 24th 2016	Conference on emotional care that provided strategies for preventing depression and explained when it is necessary to ask for psychological help. Its aim was to promote psychic and emotional self-care as a way of improving mental health in the student community of the Instituto Nacional, a historical public school in Chile.	Metropolitana de Santiago	150
Emotional Care: When Should I Go to the Psychologist? [Cuidado emocional: ¿Cuándo ir al psicólogo?]	November 17th 2016	Conference on emotional care conducted at Padre Pedro Arrupe school, Quilicura. In it, experts presented strategies for preventing depression and explained when it is necessary to ask for psychological help. Its aim was to promote psychic and emotional self-care as a way of improving mental health in the student community.	Metropolitana de Santiago	40
Emotional Care: When Should I Go to the Psychologist? [Cuidado emocional: ¿Cuándo ir al psicólogo?]	November 30th 2016	Conference on emotional care conducted at the Provincia de Ñuble Educational Center, San Joaquín. In it, experts presented strategies for preventing depression and explained when it is necessary to ask for psychological help. Its aim was to promote psychic and emotional self-care as a way of improving mental health in the student community.	Metropolitana de Santiago	50
School students' visit to MIDAP's offices and laboratories.	August 1st 2016	Visit of a group of students to MIDAP's facilities. Students discussed the multiple projects currently being conducted at the Institute and were asked to think about the issue of depression in their generation. The latter aim was achieved through a practical task in which they designed a research project. The activity also included a visit to MIDAP's laboratories.	Metropolitana de Santiago	6

7.2. - Products of outreach

Name of Product	Product Objective	Target Audience	Type of Product	Scope
Psychoeducational pins	To promote good mental health in children and adolescents through the slogan "Take Care of Your Mood".	Primary school students. Secondary school students.	Pins	National
Psychoeducational stickers	To promote good mental health in children and adolescents through the slogan "Take Care of Your Mood".	General community. Primary school students. Secondary school students.	Stickers	National
Bookmarks	To promote good mental health in children and adolescents through the slogan "Take Care of Your Mood".	Primary school students. Secondary school students.	Bookmarks	National
Psychoeducational video about thought errors	An audiovisual animation was used to show some thought errors and how to identify them, in order to protect the mental and emotional health of adolescents.	Secondary school students. Primary school students. Community in general.	Psychoeducational video	National
Dramatic script	Script of an artistic intervention performed by two actors, who introduced the audience to the topic of the Scientific Coffee Meeting: "Mindfulness and Its Mental Health Benefits".	Community in general.	Dramatic script	National
Dramatic script	Script of an artistic intervention performed by two actors, who introduced the audience to the topic of the Scientific Coffee Meeting: "Women, Men, and Depression".	Community in general.	Dramatic script	National
Work Kit	Work kit about secure attachment and depressive symptomatology reduction in pregnant women, used in the workshop "I Feel Fine, My Baby Too" The kit included written and audiovisual materials.	Public Service.	Work kit with written and audiovisual contents.	National
Psychoeducational leaflet	To present the symptoms of depression, prevention methods, and when to ask for psychological help.	Secondary school students. Primary school students.	Brochure	National
Psychoeducational balloons	To promote good mental health in children and adolescents through the slogan "Take Care of Your Mood".	Primary school students.	Psychoeducational balloons	National
Psychoeducational wristbands	To promote good mental health in children and adolescents through the slogan "Take Care of Your Mood".	Secondary school students. Primary school students.	Wristbands	National
Psychoeducational book with mandalas	To promote good mental health in children and adolescents through the slogan "Take Care of Your Mood". This book consists in a set of pictures of mandalas, which must be	Primary school students. Secondary school students. General community.	Book	National

	colored and show ways of taking care of one's mental health.			
Flyer with advice for taking care of one's mood	To promote good mental health in children and adolescents through the slogan "Take Care of Your Mood", plus advice for taking care of one's mental health.	Primary school students. Secondary school students. General community.	Brochure	National
Psychoeducational workshop poster	To apply the knowledge obtained through the Workshops "Preventing Depression in Adolescents: What Can Schools Do?" and "Suicide Prevention for Adolescents in School Contexts".	University professors	Poster	National
Science television program: "Explorers: from the Atom to the Cosmos"	Science program that provides an inside look at research and the new discoveries made by scientific centers in various areas, including mental health. This program reported on the studies carried out by MIDAP and their impact. The topics covered were "Psychotherapy Myths", "Genes, Culture, and Depression", and "Depression Prevention in Adolescents".	Community in general	Television program	National
Dramatic script	Script of an artistic intervention performed by two actors, who introduced the audience to the topic of the Scientific Coffee Meeting: "Social Exclusion and Suicide: What the Stories of Young People Teach Us about Sexual Diversity".	Community in general	Dramatic script	National
Dramatic script	Script of an artistic intervention performed by two actors, who introduced the audience to the topic of the Scientific Coffee Meeting: "The Crisis of Adolescence: Difficulties in the Establishment of a Coherent and Continuous Identity".	Community in general	Dramatic script	National
Psychoeducational slides	Psychoeducational slides aimed at supporting the work and the information provided in the workshops. The topics covered were emotional regulation, symptoms of depression, and healthy habits.	General community. Primary school students. Secondary school students	Brochure	National

7.3.- Articles and Interviews

Type of media and scope	Local/Regional		National		International		TOTAL
	N° Interviews	N° Articles	N° Interviews	N° Articles	N° Interviews	N° Articles	
Written	6	1	22	4	0	0	33
Internet	5	0	8	3	0	0	16
Audiovisual	5	0	11	0	1	0	17
TOTAL	16	1	41	7	1	0	66

Annex 8. - Connections with other sectors:

Activity and objective	Type of Activity	Institution Name	Institution Country	Agent Type	Economic Sector
Continuation of the implementation of an early childhood adversities study: Design of a study to investigate the influence of the early childhood adversities on the severity, chronicity, and resistance to the treatment of depression	Development of Studies	PsicoMedica Clinical and Research Group	Chile	Industry and Services	Human medicine and health
Implementation of a pilot study of a web-based program for follow up and supporting for patients with stress related to a trauma being treated at the Chilean Work Safety Association (ACHS). Through a pilot study to assess acceptability and feasibility of using the strategy of technological intervention ASCENSO-ACHS for support and follow-up of patients diagnosed with acute stress or post-traumatic stress disorder in the ACHS.	Development of Studies	Chilean Work Safety Association - ACHS	Chile	Industry and Services	Working sector
Continuation of ASCENSO study: Design of a randomized controlled trial to evaluate effectiveness of the web platform ASCENSO (Disease Support, Follow-up, and Care Based on Operating Systems)	Development of Studies	PsicoMedica Clinical and Research Group	Chile	Industry and Services	Human medicine and health
Continuation of the implementation of a pilot study on mindfulness: To provide participants and partnership in the implementation of mindfulness-base clinical interventions	Development of Studies	“Centro Mindfulness y Medicina”	Chile	Industry and Services	Human medicine and health
Participation in the technical working group on prevention of adolescent and young people suicide	Technical cooperation Group	Ministry of Health of Chile	Chile	Organizations and Public Services	Human medicine and health
Technical assistance for the preparation of the manual "Technical Guidelines for the Comprehensive Assessment of Adolescent Health" ["Orientaciones Técnicas para el Control de Salud Integral de Adolescentes"]	Technical cooperation Group	Ministry of Health of Chile	Chile	Organizations and Public Services	Human medicine and health
Broadcasting of several psycho-educative videos through MINSAL-TV in the waiting rooms of 30 public hospitals of the Metropolitan Region: To contribute to	Dissemination of research issues	Ministry of Health of Chile	Chile	Organizations and Public Services	Human medicine and health

the early detection of depression in adolescents facilitating an prompt treatment to reduce the severe consequences associated to this mental disorder					
Partnership with Community Mental Health Care Centers – COSAM: To carry out a study on Operationalized Psychodynamic Diagnostic (OPD-2) and its psychotherapeutic results (MLR3). Some of the results and products obtained are the recruitment of patients, its follow-up, and training of therapists who are part of the study.	Development of Studies	Ministry of Health of Chile	Chile	Organizations and Public Services	Human medicine and health
Academic and technical collaboration with the National Kindergardens Board JUNJI: Contribute with technical expertise to the development of the annual work plan of the Unit of Promotion of Healthy Environments of the JUNJI	Technical assesment	National Kindergardens Board JUNJI	Chile	Organizations and Public Services	Education
Implementation of the Workshop: Adolescent Suicide Prevention in School Contexts [Prevención del suicidio en adolescentes en el ámbito escolar], to train education and health professionals in adolescent suicide prevention, delivering tools for timely detection of young people with suspected depression and suicidal risk.	Training	Bío Bío Health Authority (Seremi).	Chile	Organizations and Public Services	Human medicine and health
Services contract to evaluate the international evidence on the effectiveness of Mental Health Counseling in Primary Health Care within the Context of the Community Mental Health Care Model: Systematic Review and Meta-Analysis	Development of Studies	Under Secretary of Public Health, Ministry of Health of Chile	Chile	Organizations and Public Services	Human medicine and health
Services contract to assess the effectiveness and cost-effectiveness of interventions in schools for preventing suicidal behavior in adolescents aged 10 to 19, through a systematic review of national and international literature.	Development of Studies	Under Secretary of Public Health, Ministry of Health of Chile	Chile	Organizations and Public Services	Human medicine and health
Laying the groundwork for collaboration in a research project on the effectiveness of an intervention for patients with Diabetes and Depression	Prospective Activity	AccuHealth Chile Limitada	Chile	Industry and Services	Human medicine and health

Collaboration agreement with four Chilean research centers which are currently conducting longitudinal studies, in order to include the mental health dimension in its studies, specifically depression as a relevant variable.	Development of Studies	<p>Centro de Estudios Interculturales e Indígenas (CIIR)</p> <p>Advanced Center for Chronic Diseases (ACCDIS)</p> <p>Centro de Estudios de Conflicto y Cohesión Social (COES)</p> <p>Centro de Encuestas y Estudios Longitudinales UC</p>	Chile	Industry and Services	Research and Development
Scientific consultancy and technical cooperation committee on Couple Therapy: To develop a collaborative research project in couples' therapy	Technical cooperation Group	Unidad de Terapia de Pareja y Sexualidad, Centro de Salud Mental, Red de Salud UC Christus	Chile	Industry and Services	Human medicine and health
Implementation of the WHO Action Program for overcoming mental health care gaps (mhGAP) in Primary Care.	Technical cooperation Group	Ministry of Health of Chile	Chile	Organizations and Public Services	Human medicine and health
Signature of a collaboration agreement with the State Mental Health Center (CESAM), State of Querétaro, Mexico, for broadcasting psycho-educative videos on adolescent's depression ("Charlie overcame his depression") and emotional regulation ("Charlotte regulates her emotions")	Dissemination of science	State Mental Health Center (CESAM), State of Querétaro, Mexico	México	Organizations and Public Services	Human medicine and health
Participation in the Technical Committee to update of the AUGÉ Clinical Practice Guidelines for Depression in people aged 15 and over	Technical cooperation Group	Ministry of Health of Chile	Chile	Organizations and Public Services	Human medicine and health

Development and evaluation of the Program for Supporting Mental Health (PASMI) in Children Aged 5 - 9	Technical assessment	Ministry of Health of Chile; Ministry of Social Development of Chile	Chile	Organizations and Public Services	Human medicine and health
Signing of a collaboration agreement to facilitate researchers' assessment of diagnostic and clinical interventions within the project "The links between Personality, Emotional Regulation in Ruptures and Resolutions of the Alliance, and Psychotherapeutic Outcomes in Patients with Depression"	Scientific collaboration	Universidad de Las Américas - UDLA	Chile	Industry and Services	Education
Collaboration of EXPLORA's regional headquarters for dissemination and implementation of MIDAP's outreach activities in various regions of the country	Technical collaboration to dissemination of science	EXPLORA Programme, CONICYT	Chile	Organizations and Public Services	Education
Participation in the Committee for the Update of the Clinical Practice Guidelines for the Comprehensive Care of Children and Adolescents with Hyperkinetic Disorder	Technical cooperation Group	Ministry of Health of Chile	Chile	Organizations and Public Services	Human medicine and health
Participation in the Technical Committee, Autistic Spectrum Disorders. To implement the Parental Skills Training (PST), a workshop for parents of children with autism supported by the World Health Organization.	Technical cooperation Group	Ministry of Health of Chile	Chile	Organizations and Public Services	Human medicine and health
Participation in the Technical Committee to the update of the AUGÉ (Explicit Health Guarantees) Clinical Practice Guidelines for Schizophrenia in people aged 15 and over	Technical cooperation Group	Ministry of Health of Chile	Chile	Organizations and Public Services	Human medicine and health

Annex 9.- Total incomes:

US\$1 = \$681

Funds	Accumulated incomes to last year [\$]	2016 Incomes		Total incomes to 2016 [\$]
		Amount [\$]	Percentage of resources used by the Center [%]	
MSI Regular funds	344.580.941	288.000.000	65%*	635.580.941
MSI Networks	5.000.000	7.700.000	99%	12.700.000
MSI Outreach	12.000.000	15.360.554	98%	27.360.554
CONICYT- PCI (\$105.000 x 3 years)	-	35.000.000	72%	35.000.000
FONDECYT	29.969.550	58.097.225	100%	88.066.775
POSTDOC FONDECYT	2.400.000	1.800.000	100%	4.200.000
CONICYT CAPITAL HUMANO	4.692.450	-	-	4.692.450
CONICYT – ECOS-Sud	872.000	-	-	872.000
CONICYT FONIS	3.000.000	3.000.000	100%	6.000.000
US NIMH	1.308.000	-	-	1.308.000
CONICYT- PCI REDES	-	15.400.000	0%	15.400.000
UC Fund for scholarships (Host institution)	-	3.600.000	100%	3.600.000
SERVICIO DE SALUD DEL BIOBIO	-	700.000	100%	700.000
Swiss Bilateral Programmes Latin America	-	4.250.000	100%	4.250.000
TOTAL	\$ 403.822.941	\$ 432.907.779		\$ 836.730.720

* Following the suggestion of the MSI Executive Board, MIDAP used 2016 funds to keep a cash reserve for the first 5 months of the following year, while the 2017 funds arrived.

Annex 10.- Exchange:

MIDAP researchers going abroad

Researcher category	Name	Type of activity carried out	Period	Visited country	Funding source (MSI/External/Mixed)
Associate Researcher	María Pía Santelices	Visiting scholar at Dr. Claire Votton's lab of the Department of Human Development & Family Studies at Michigan State University	September 15 to December 15, 2016	USA	External
Associate Researcher (AR), Senior Researcher (SR), Young Researcher (YR)	Mariane Krause (AR), Guillermo de la Parra (SR), and Alex Behn (YR)	Working with German colleagues of the Heidelberg Hospital University on diverse activities of the PII20150035 project and in the preparation of a new joint development program on "International Research Training Group (IRTG)	September 23 to October 3, 2016	Germany	External
Adjunct Researcher	Stephanie Bauer (from Germany)	Bilateral and group meetings of the Network E-Mental Health: New Technologies of Information in Mental Health	December 19-23, 2016	Chile	MSI (Networking)
Adjunct Researcher	Klaus Schmeck (from Switzerland)	Research meetings; Participation in Conference on Psychotherapy research in Reñaca	August 20-27, 2016	Chile	Mixed
Adjunct Researcher	Susanne Schlüter-Müller (from Switzerland)	Research meetings; Participation in Conference on Psychotherapy research in Reñaca	August 20-27, 2016	Chile	External

Visiting researchers

Name	Nacionality	Type of activity carried out	Extent	Country of origin	Funding source (MSI/External/Mixed)
Virginia Fernández	Spanish	Research stay at Dr. Claudia Miranda's lab and participation in Colloquium	May 14-20, 2016	Spain	External
Deborah Oliveira	Brazilian	Research stay at Dr. Claudia Miranda's lab and participation in Seminar/workshop	August 20-27, 2016	Spain	External
Howard Steele	Canadian	Participation in Seminars/workshops and	July 23-29, 2016	Canada	Mixed funding

		supervision of theses of MIDAP students			
Miriam Steele	Canadian	Participation in Seminars/workshops and supervision of theses of MIDAP students	July 23-29, 2016	Canada	Mixed funding
Ricardo Araya	Chilean-British	Meetings as international advisor of FONDECYT project of Dr. Vania Martínez and Dr. Graciela Rojas	January 09-23, 2016	United Kingdom	External
Markus Moessner	German	Bilateral and group meetings of the MIDAP Network E-Mental Health: New Technologies of Information in Mental Health	December 19-23, 2016	Germany	MSI (Networking)
Lynne Angus	Canadian-American	Research meetings; Participation in Conference on Psychotherapy research in Reñaca; Classes on Doctoral Program in Psychotherapy	August 20-27, 2016	Canada	Mixed
Christoph Steinbach	German	Workshop/Seminar and meetings with Dr. Alvaro Langer	March 17-19, 2016	Switzerland	Mixed
Ronan Zimmermann	Swiss	Research internship at MIDAP/Schilkrut Institute	June 1, 2016 – April 2017	Switzerland	External
Kiero Guerra	Dominican	Bilateral and group meetings with Dr. Carola Pérez and Dr. Alvaro Verges	October 11-22, 2016	Dominican Republic	External
A. Janet Tomiyama	American	Research collaborative meetings with Dr. Manuel Ortiz	March 15-22, 2016	United States	External
William Beardslee	American	Workshop, research partnership with Dr. Matías Irrázaval	January, 9-15, 2016	United States	External
Tracy Gladstone	American	Workshop, research partnership with Dr. Matías Irrázaval	January, 9-15, 2016	United States	External
Duncan Pedersen	Canadian	Participation in Workshop “Global Mental Health”, Universidad de Chile, and research	January, 09-15, 2016	Canada	External

		collaboration with Dr. Matías Irrarrázaval and Dr. Graciela Rojas			
Allan Young	Canadian	Participation in Workshop “Global Mental Health”, Universidad de Chile, and research collaboration with Dr. Matías Irrarrázaval and Dr. Graciela Rojas	January, 09-15, 2016	Canada	External
Laurence J. Kirmayer	Canadian	Participation in Workshop “Global Mental Health”, Universidad de Chile, and research collaboration with Dr. Matías Irrarrázaval and Dr. Graciela Rojas	January, 09-15, 2016	Canada	External
Renato Alarcón	Peruvian	Participation in Workshop “Global Mental Health”, Universidad de Chile, and research collaboration with Dr. Matías Irrarrázaval and Dr. Graciela Rojas	January, 09-15, 2016	Peru	External
Alberto Perales	Peruvian	Participation in Workshop “Global Mental Health”, Universidad de Chile, and research collaboration with Dr. Matías Irrarrázaval and Dr. Graciela Rojas	January, 09-15, 2016	Peru	External
Inés Bustamante	Peruvian	Participation in Workshop “Global Mental Health”, Universidad de Chile, and research collaboration with Dr. Matías Irrarrázaval and Dr. Graciela Rojas	January, 09-15, 2016	Peru	External
Ezra Susser	American	Participation in Workshop “Global Mental Health”, Universidad de Chile, and research collaboration with Dr. Matías Irrarrázaval and Dr. Graciela Rojas	January, 09-15, 2016	USA	External

Daniel Pilowski	American	Participation in Workshop “Global Mental Health”, Universidad de Chile, and research collaboration with Dr. Matías Irrarrázaval and Dr. Graciela Rojas	January, 09-15, 2016	USA	External
Perla Kaliman	Spanish	Participation in Workshop “Mindfulness and Epigenetic”; collaboration with Dr. Alex Behn	November, 4, 2016	France	Mixed
Henning Schauenburg	German	Supervision of research results of MIDAP’s postdoctoral researchers P. Dagnino and C. Crempien, and participation as invited teacher in Diploma Program in Diagnosis, Indication, and Strategies in Psychotherapy: Operationalized Psychodynamic Diagnosis (OPD-2)	November 13-20, 2016	Germany	Mixed

APPENDIX 1

MIDAP's Line of Research 1 (MLR 1): Basic structures and bio-psycho-social processes

Name (code)	Sample	Study Design	Instruments or/and Equipment/methods	Research Questions
Specifying the Assessment of Suicide Risk. A Study of the Psychosocial Variables Associated with Suicidal Behavior in Adolescents and Adults Seeking Help for Mental Health Problems (EPSS_1A)	<p>Clinical Sample 707 patients: 80% Women; 39.7 years old SD= 14.9 (Range 14-83 years). 49% have attempted suicide or/and have had suicidal ideation during the last year</p> <p>Inclusion criteria: Patients with mood disorders seeking treatment; 14 years old or older; both sexes; able to distinguish reality; willing and consenting participation, in sufficient cognitive and emotional condition to be able to answer the questionnaires</p> <p>Exclusion Criteria: alcohol or substance dependency disorders, psychotic disorders, eating disorders, and cognitive disorders</p> <p>Recruitment completed 2015</p>	<p>Quantitative</p> <p>Cross-sectional</p>	<ul style="list-style-type: none"> • Outcome Questionnaire (OQ 45.2; Von Berger & De la Parra, 2002) • Depressive Experiences Questionnaire (DEQ; Blatt, D'Aflitti, & Quinlan, 1976; Gargurevich, Luyten, & Corveleyn, 2007). • State Trait Anger Expression Inventory (STAXI, Forgays, • Forgays & Spielberger, 1997, 2010) • Reasons for Living scale (RFL; García et al., 2009; Linehan & Goodstein, 1983) • Family Functioning Satisfaction (Family APGAR; Maddaleno, Horwitz, Jara, Florenzano, & Zalazar, 1987; Smilkstein, 1978). • Parental Bonding Instrument (PBI; Parker, 1989). • Clinical and sociodemographic characteristics 	<p>What aspects of clinical depression (diagnosis, severity, recurrence) and what psychological processes, linked to personality dimensions (specifically, irascibility, trust in one's ability to solve problems, and fear of death) and to relational factors (attachment attributed to parents, satisfaction with one's family functioning, and feeling of responsibility for one's family), intervene as protective or risk factors for suicidal behavior in adolescents and adults?</p>
Subjective Construction of Suicide in Lesbian, Gay, Bisexual, and Trans-sexual (LGBT) Young People (EPSS_1B)	<p>Non-clinical Sample (at the moment of the interview)</p> <p>30 people belonging to sexual minorities (LGBT): 47% Women; 18 to 27 years old.</p> <p>Inclusion criteria: sexual minority; having had a suicide attempt or/and having had suicidal ideation during their life</p> <p>Recruitment completed 2016</p>	<p>Qualitative</p> <p>Multiple-case design</p> <p>Grounded Theory and Discovery-oriented Biographical Analysis</p>	<p>Semi-structured interview</p> <p>Method of qualitative analysis Discovery-oriented Biographical Analysis (Duarte, Tomicic, Fischersworing, Martínez, & Suarez, 2016) Grounded Theory (Charmaz, 2006; Corbin & Strauss, 2008).</p>	<p>What are the contextual-cultural (i.e. socio-cultural context, presence of stressors), psychological (i.e. development of one's identity in connection with one's sexual orientation and gender identity), and relational markers (in one's family and peer environment) that appear in the narratives of the suicide process of LGBT young people?; what are the trajectories associated with the suicide process present in the narratives generated by LGBT young people, and what are their landmarks?; what aspects are associated with the rationality and the meanings that they ascribe to their suicide process?</p>
Longitudinal Study about	Nonclinical Sample	Quantitative	<ul style="list-style-type: none"> • Adolescent internalizing symptoms 	What aspects of family functioning, specifically cohesion, adaptability,

<p>Family Functioning, Adolescent Temperament, and Depressive Symptomatology in the Mother/Adolescent Dyad (EPSS_1C)</p>	<p>974 mother-adolescent dyads (Wave-1): Adolescents: 60% women; 14.42 years old (SD 1.42); Range 12-18 years old; Mothers: 43.24 years old (SD 6.50); Range 28-64 years old.</p> <p>652 mother-adolescent dyads (Wave 1 & 2): Adolescents: 71% women; 15.29 years old (SD 1.36); Range 13-19 years old; Mothers: 44.53 years old (SD 6.56); Range 29-65 years old. (M1- M2)</p> <p>432 mother-adolescent dyads (Wave 1, 2 & 3): Adolescents: 80% women; 16.01 years old (SD 1.18); Range 14-19 years old; Mothers: 45.31 years old (SD 6.30); Range 30-63 years old.</p> <p>Socio-economic Status: 24% High; 38% Middle; 39% Low.</p> <p>Recruitment completed 2016</p>	<p>Short-time longitudinal study (3 Waves)</p>	<ul style="list-style-type: none"> • Adolescent externalizing symptoms • Adolescent self-esteem and self-efficacy • Early Adolescent Temperament Questionnaire-Revised (EATQ-R). • Mother depression by Beck Depression Inventory (BDI) • Family Functioning (FASES-III). • Adolescent-mother conflicts (based on Smetana & Asquith, 1994 list). • Perception of maternal autonomy promotion (Kurdek, Fine, & Sinclair, 1995). Reported by the adolescents and their mothers. • Adolescent Autonomy Expectations (Feldamn & Quatman, 1988). Reported by the adolescents and their mothers. 	<p>conflict, and perception of autonomy fostering (interpersonal level) are associated with and predict depressive symptomatology in Chilean adolescents?; is the relationship between maternal depression and adolescent depressive symptomatology mediated by its impact on family functioning?; is there a mutual influence between the depressive symptomatology of adolescents and their mothers, and how intense is this influence?</p>
<p>Gene-Culture Interaction in Depressive Symptomatology and Subjective Well-Being in Chile (EPSS_2)</p>	<p>Nonclinical sample</p> <p>568 participants (University students): 57% women; 20.4 years old (SD 1.6); Range 17-30 years old.</p> <p>Socio-economic Status: 30% High; 70% Middle; 1% Low.</p> <p>In recruitment process (estimated final sample size: 800 participants)</p>	<p>Quantitative</p> <p>Cross-sectional</p>	<ul style="list-style-type: none"> • Beck Depression Inventory (BDI) • Self-Constraint Scale (SCS; Singelis, 1994) • Tightness-Looseness Scale (TLS; Gelfand et al., 2007) • Sex Ideology (SRIS; Kalin & Tilby, 1978) • Socio-economic status (ESOMAR) • International Social Survey Programme (ISSP) • Depressive Experience Questionnaire (DEQ; Blatt, D'Afflitti, & Quinlan, 1976) • Child Trauma Questionnaire (CTQ; Bernstein & Fink, 1998). • Life Events Questionnaire (LEQ; Sarason, Johnson, & Siegel, 1978). • Experience in Close Relationships-Revised (ECR-II) • Satisfaction with Life Scale (SwLS) • Ryff's scale of Psychological Well-Being 	<p>What is the association between genetic markers, specifically polymorphisms in genes linked to sensitivity to one's social environment (serotonin, oxytocin, opioids, arginine-vasopressin, and genetic ancestry) and depressive symptomatology and subjective well-being in Chilean young adults?; how do collectivism/individualism levels, gender ideology, and adherence to social norms (cultural variables) associate with depressive symptomatology and subjective well-being in Chilean young adults?; how do these levels interact in their relationship with depressive symptomatology and subjective well-being?; what is the role (mediating vs. moderating) of early trauma and personality style (psychological variables) and of current stressful events (contextual variables) in the</p>

				relationship between genetic markers and depressive symptomatology and subjective well-being?
A Multidimensional Model of Depression (EPSS_6)	<p>Nonclinical (N=144) and Clinical Sample (N=35) 179 participants: 70% Women; 25.93 years old SD= 11.38 (Range 17-63 years). No socio-economic status data.</p> <p>Nonclinical Sample Inclusion criteria: Adults (18-64 years old). Exclusion criteria: depressive symptoms; untreated severe medical pathology (i.e. severe anemia, hypothyroidism, diabetes); patient's report of having been diagnosed with depression and/or having received treatment for this disease.</p> <p>Clinical Sample Inclusion criteria: Adults (18-64 years), depression diagnosis; not being in psychological treatment at the time of assessment. Exclusion criteria: presence of personality disorder, PTSD, obsessive-compulsive disorder, untreated severe medical pathology, (i.e. severe anemia, hypothyroidism, diabetes), or psychotic disorders.</p> <p>Recruitment completed 2015</p>	<p>Quantitative</p> <p>Cross-sectional</p>	<ul style="list-style-type: none"> • Beck Depression Inventory (BDI) • Biological stress reactivity (cortisol concentration in saliva) and self-reported subjective stress during the Trier Social Stress Test (TSST) • Blood sample to extract genetic markers [genetic polymorphisms 5-HTTLPR of the serotonin transporter gene (SCL6A4), rs53576 (6930 G>A) and rs2254298 (9073 G>A) of the oxytocin receptor gene (OXTR), and VNTR polymorphism, located in exon 3 of the gene that codes for dopamine receptor D4 (DRD4)]. • Dysfunctional Attitude Scale (DAS) • Rosenberg Scale (emotional bias: self-esteem). • Depressive Experience Questionnaire (DEQ: Blatt, D'Afflitti, & Quinlan, 1976) • Reading the Mind in the Eyes Test (mentalization) • Child Trauma Questionnaire (CTQ; Bernstein & Fink, 1998). 	<p>How are genetic determinants [5-HTTLPR of the serotonin transporter gene (SCL6A4), rs53576 (6930 G>A) and rs2254298 (9073 G>A) of the oxytocin receptor gene (OXTR), and VNTR polymorphism, located in exon 3 of the gene that codes for the dopamine receptor D4 (DRD4)], bio-markers (cortisol in saliva), psychological variables of early trauma, cognitive bias, emotional bias, personality (level of structural integration according to operationalized diagnosis and personality dimensions/patterns), and attachment (as an interactional dimension) associated with depressive symptomatology in adult patients?</p>

MIDAP's Line of Research 2 (MLR 2): Health promotion and psychosocial prevention

Name (code)	Sample	Study Design	Instruments or/and Equipment/methods	Research Questions
Attachment and Mentalizing Intervention for Caregivers of Preschoolers (PSPS_2A).	<p>Nonclinical Sample (51 mother-children dyads; 20 early childhood educators)</p> <p>Children: 53% girls; 44.69 months old (SD 3.68); Range 36-54 months. Mothers: 31 years old (SD 6.21); Range 20-42 years. Early childhood educators: 34 years old (SD 10.1); Range 21-57 years.</p> <p>Socio-economic Status: 0% High; 50% Middle; 50% Low.</p> <p>IG: N= 31 CG: N= 20</p> <p>Inclusion criteria: 3-year-old children attending public preschools</p> <p>Exclusion criteria: Children diagnosed with a severe developmental pathology</p> <p>Follow-up completed 2016</p>	<p>Quantitative</p> <p>Cluster Randomized controlled trial design (pre-post – follow-up measurements).</p> <p>Two branches: Intervention group and Control group</p>	<p>Intervention: Duration: 5 sessions Modality: Group sessions for adults, conducted in the preschools where the participants worked. Components: Video-feedback to promote secure attachment and adult's mentalization.</p> <p>Control group: No intervention.</p> <p>Variables/Scales</p> <ul style="list-style-type: none"> Psychomotor and socioemotional child development (Ages and Stages Questionnaires, ASQ) Theory of Mind (ToM) Attachment in Preschoolers (Cards to complete stories, Miljkovitch; Pierrehumbert, Karmaniola, & Halfon, 2003). Parental Attachment: Experiences in Close Relationships (ECR; Brennan, Clark, & Shaver, 1998) Child Trauma Questionnaire (CTQ; Bernstein & Fink, 1998). Parental Stress Index (PSI-S) Parental Reflective Functioning Questionnaire (PRFQ) Mentalizing (stories) Parenting by PICCOLO 	<p>Is it feasible to conduct an intervention to prevent depression in preschoolers aimed at parents and preschool staff? Does the preventive program effectively improve children's socio-emotional development as a precursor of mental health in children? Does the improvement in adult-child attachment and adult mentalizing (mothers and educational staff) operate by mediating the relationship between the intervention and the development of symptomatology in children?</p>
Video-Feedback Intervention Focused on Bond Quality and Parental Reflexive Functioning, Aimed at	<p>Clinical Sample (78 Father-mother-children triad)</p> <p>Children: 41% women; 24-23 months old (SD 7.4); Range 12-36 months. Mothers: 32.11 years old (SD 5.1); Range 20-43 years. Fathers: 34.71 years old (SD 6.6); Range 22-54 years.</p>	<p>Quantitative</p> <p>Non-randomized pre-post study</p> <p>Two branches: Intervention group and Control group</p>	<p>Intervention: Duration: 5 weekly video-feedback sessions Modality: Mixed intervention, in which one or more family members can participate (Dyadic and Triadic). The intervention is conducted by two clinical psychologists trained to use video-feedback.</p>	<p>Is it viable to implement in the local context a preventive intervention based on the "Video-feedback Intervention to Promote Positive Parenting and Sensitive Discipline"? What is the impact of this brief intervention based on video-</p>

Mother-Father-Child Triads (PSPS_2B)	<p>Socio-economic Status: 37% High; 38% Middle; 25% Low.</p> <p>IG: N= 39 CG: N= 39</p> <p>Inclusion criteria: Being the parent (father or mother) of a child (aged 1 to 3) with a socio-emotional development delay.</p> <p>Exclusion criteria: For Parents: Alcohol or drug dependence or abuse; psychosis.</p> <p>For children: having a physical illness that causes a socio-emotional development delay.</p> <p>In recruitment process (estimated final sample size: 100 participants; Intervention Group: 50, Control Group: 50)</p>		<p>Components: Intervention focuses on parental sensitivity (based on the observation of dyadic free-play videos), co-parenting, and triadic dynamics with an emphasis on children's signals and needs (based on the observation of a semi-structured triadic interaction).</p> <p>Control group: Treatment as usual (TAU) of health care centers.</p> <p>Variables/Scales</p> <ul style="list-style-type: none"> • Beck Depression Inventory (BDI) for Mothers and Zero to Three (modules: depression, generalized anxiety, and separation anxiety) for children. • Psychomotor and socioemotional child development (Ages and Stages Questionnaires, ASQ-3) • Parental Attachment: Experiences in Close Relationships (ECR; Brennan, Clark, & Shaver, 1998) • Child Trauma Questionnaire (CTQ; Bernstein & Fink, 1998). • Parental Stress Index (PSI-S) • Parental Reflective Functioning Questionnaire (PRFQ) • Parent Development Interview Revised, (Short Version PDI-S) • Relationship Assessment Scale (RAS) • Structure dimension questionnaire of axis IV, Operationalized Psychodynamic Diagnosis (OPD-SF) • Adult-infant interaction by CARE-Index (parental sensitivity). • Triadic-interactions by “The Prenatal Lausanne Trilogue”: family alliances and interactions, co-parenting. • Outcome Questionnaire (OQ 45.2; Von Berger & De la Parra, 2002) – (only participants of intervention group) 	<p>feedback methodology on the parents of a child with delayed development and on the depressive symptomatology of parents and children?</p> <p>Do the improvements in parent-child bond quality, in parental reflexive functioning, in family alliances, and in the quality of triadic interaction operate by mediating this relationship between the intervention and the development of children's symptomatology?</p>
Piloting of a Preventive Intervention Program in Depression for	<p>Clinical Sample (17 Families: Father or/and mother – Children/s) Children: 73% girls; 8.47 years old (SD 2.0); Range 6-12 years.</p>	<p>Mixed: Quantitative- Qualitative</p>	<p>Intervention: Duration: 7 sessions Modality: Mixed intervention, alternating sessions for parents and relatives, conducted by</p>	<p>Is it feasible for the psychosocial teams of primary health care centers to conduct community interventions for preventing depression in Chilean families?</p>

Chilean Families (PSPS_2C)	<p>Mothers: 39.71 years old (SD 6.58); Range 27-53 years. Fathers: 45.25 years old (SD 9.97); Range 33-62 years.</p> <p>Socio-economic Status: 100% Low.</p> <p>IG: N= 8 CG: N= 9</p> <p><i>Inclusion criteria:</i> Parents will be eligible if they are currently undergoing a depressive episode or if they have had one in the past 3 months; families must have at least one non-depressed child between the ages of 6 and 12</p> <p><i>Exclusion criteria:</i> For parents: Alcohol or drug dependence or abuse, or being in treatment for substance use; psychosis, personality disorder, bipolar disorder or suicide ideation; having a relationship crisis with a current partner, assessed by self-report or by having attended couple therapy in the past month; attending family therapy</p> <p>For children: Inability to understand or answer age-appropriate questionnaires (due to intellectual disability or otherwise); having depression; being in treatment for or having taken psychotropic medication in the last month</p> <p>Follow-up completed 2016</p>	<p>Quantitative component:</p> <p>Randomized controlled trial pilot study (pre-post and 3-month follow-up).</p> <p>Two branches: Intervention group and Control group</p> <p>Qualitative component: Parents and mental health professionals report their satisfaction with the intervention and the intervention's contents</p>	<p>mental health professionals in the homes of users of primary health care. Components: The “Active Family” intervention is a cultural adaptation of the Depression Preventive Intervention by W. Beardslee. The contents addressed include: psycho-education and learning based on the family's experience with depression, development of coping skills, family communication, and resilience. The intervention includes an intervention manual and a workbook for the family and the professional, constructed and adapted for Chile</p> <p>Control group: Treatment as usual (TAU) of health care centers</p> <p>Variables/Scales</p> <ul style="list-style-type: none"> • Adult depression according to the Beck Depression Inventory (BDI) • Children's depression Inventory (CDI; Kovacs & Beck, 1977) • Family Functioning (FACES –II) • Positive Parenting Scale (E2P; Gómez-Muzzio & Muñoz-Quinteros, 2014) • Children's internalizing and externalizing symptoms (Child Behavior Checklist, CBCL; Achenbach, & Ruffle, 2000) • Resilience in the child (School Resilience Scale; Saavedra & Castro, 2009). • Semi-structured/open-ended interviews with parents and mental health professionals about the program (Qualitative component). 	<p>Does the preventive intervention program effectively prevent the appearance of depression and behavioral problems in children with depressed parents? Does the improvement in family communication, general family functioning, and positive parenting operate by mediating the relationship between the intervention and the development of symptomatology in children?</p>
<p>Implementation and Evaluation of the Effectiveness of an Evidence-</p>	<p>Nonclinical Sample 76 participants: 82% Women; 60 years old, SD= 11.05 (Range 24-80 years).</p>	<p>Quantitative</p> <p>Randomized controlled trial</p>	<p>Intervention: Duration: 8 sessions (weekly) Modality: Group sessions (8 participants per group). Conducted by two psychologists trained</p>	<p>Given the context of mental health care in Chile, where a large part of the care is provided by “family caregivers”, what is</p>

Based Psychoeducational Program in a Group of Family Caregivers of People with Dementia (PSPS_5)	<p>Socio-economic Status: 28% High; 58% Middle; 14% Low.</p> <p>IG: N= 34 CG: N= 42</p> <p><i>Inclusion criteria:</i> Being a relative of a person diagnosed with dementia; performing direct care tasks for the person diagnosed with dementia at least 3 times a week; not receiving financial compensation associated with their care; not having a severe physical or psychiatric disorder that prevents psychoeducational program and/or responding to the battery of instruments.</p> <p><i>Exclusion criteria:</i> None</p> <p>In recruitment process (estimated final sample size: 156 participants; Intervention Group: 78, Control Group: 78)</p>	<p>study design (pre-post measurements).</p> <p>Two branches: Intervention group and Control group</p>	<p>in the application of the cognitive-behavioral model Components: “Cuidar Cuidándose” (Take care by taking care of oneself) is a psychoeducational cognitive program. Its aim is to train people to develop cognitive and behavioral skills in order to cope with stressful situations. The program covers topics such as the importance of being a caregiver and taking care of oneself; how to identify, challenge, and modify dysfunctional thoughts; the relationship between beliefs and norms and feelings of guilt and frustration; skill building.</p> <p>Control group: no intervention</p> <p>Variables/Scales</p> <ul style="list-style-type: none"> Hospital Anxiety and Depression Scale (HAD; Zigmond & Snaith, 1983; Terol, Cabrera, & Martín-Aragon, 2015) The Dysfunctional Thoughts on Care Questionnaire (Losada, Robison, Shurgot et al., 2006) Satisfaction with entertainment and leisure Time Scale (Stevens et al., 2004). Generic health status; EuroQol five dimensions questionnaire (EQ-5D). Caregiver burden; Zarit Burden Inventory (Zarit, Reeve, & Bach-Peterson, 1980) 	<p>the effectiveness of a psychoeducational program on the depressive and anxious symptomatology, pleasurable activities, and quality of life of adult family caregivers of people with dementia?</p> <p>Does the modification of dysfunctional thoughts about care (beliefs, values, and attitudes) operate by mediating this relationship between the intervention and the development of the symptomatology of family caregivers?</p>
Feasibility and Acceptability of the Piloting of a Staggered Internet-Based Program for the Prevention and Early Intervention of Depression in Secondary School Students in Santiago, Chile, and Medellín, Colombia (PSPS_3A)	<p>Nonclinical Sample 226 participants (168 Chile – 58 Colombia)</p> <p>Chile: 73% Women; 14.7 years old, SD=1.0 (Range 13-18 years); Socio-economic Status: 100% Middle.</p> <p>Colombia: 62% Women; 14.8 years old, SD= 1.1 (Range 13-18 years); Socio-economic Status: 100% Middle.</p> <p><i>Inclusion criteria:</i> Students; 14 - 19 years old.</p> <p><i>No exclusion criteria</i></p>	<p>Mixed: Quantitative-Qualitative</p> <p>Quantitative</p> <p>Pre-Post (3 months) treatment study design</p> <p>One branch: Intervention group.</p> <p>Qualitative Semi-</p>	<p>Intervention: Duration: 3 months Modality: Web-based intervention Components: According to the initial level of depressive symptomatology and the monitoring of the symptoms for 3 months, the participants will receive automatic and personalized feedback with suggestions on how to use the Internet platform, considering, for example, accessing information and psychoeducational material; participating in a forum with peers (moderated by mental health professionals); and/or using a chatroom with personalized support. Referral for face-to-face treatment is also considered when necessary.</p>	<p>Is it acceptable for its participants and is it feasible to implement a staggered Internet-based program for the prevention and early intervention of depression in secondary school students in Santiago, Chile, and Medellín, Colombia?</p>

	Started September 2015; Follow-up process underway	structured Interview	Variables/Scales <ul style="list-style-type: none"> • Depressive symptoms (BDI-IA; PHQ-9-A) – Both samples • Anxiety symptoms (GAD-7) • Quality of Life Questionnaire (KIDSCREEN-27) – Both samples • Self-stigma of Depression Scale (SSDS) – Both samples • Children's Automatic Thoughts Scale (CATS) – Chilean Sample • Social Problem Solving Inventory-Revised Scale-Short Form (SPSI-RS) – Chilean Sample 	
Efficacy of a Staggered Internet-Based Program for the Prevention and Early Intervention of Depression in Adolescents (PSPS_3D)	<p>Nonclinical Sample</p> <p>Recruitment process not started (estimated final sample size: 600; 300 intervention group, 300 control group).</p> <p><i>Inclusion criteria:</i> Students (Secondary school); having between 5 to 14 points in the PHQ-9 depression scale.</p> <p><i>Exclusion Criteria:</i> High suicide risk; being in depression treatment (antidepressants and/or psychotherapy).</p>	<p>Quantitative</p> <p>Randomized controlled trial study design (pre-post-intervention; 3- and 12-month follow-up)</p> <p>Two branches: Intervention group and Control group</p>	<p>Intervention: Duration: 3 months, and subsequent bi-monthly reinforcement sessions. Modality: Web-based intervention. Components: According to the initial level of depressive symptomatology and the monitoring of the symptoms for 3 months, the participants will receive automatic and personalized feedback with suggestions on how to use the Internet platform, considering, for example, accessing information and psychoeducational material; participating in a forum with peers (moderated by mental health professionals); and/or using a chatroom with personalized support. Referral for face-to-face treatment is also considered when necessary.</p> <p>Control group: Psychoeducation for the adolescents' depression.</p> <p>Variables/Scales</p> <ul style="list-style-type: none"> • Depressive symptoms (PHQ-9- Adolescent version). • Anxiety symptoms (GAD-7) • Quality of Life Questionnaire (KIDSCREEN-27). • Self-stigma of Depression Scale (SSDS) • Children's Automatic Thoughts Scale (CATS) • Social Problem Solving Inventory-Revised Scale-Short Form (SPSI-RS) 	Does this program significantly reduce depressive symptoms in Chilean adolescents who attend secondary school?

SIN e-STRES [Without E-Stress] (PSPS_3C)	<p>Clinical Sample 45 patients: 64% Women; 38.9 years old SD= 9.03 (Range 23-63 years).</p> <p>Socio-economic Status: 100% Middle</p> <p><i>Inclusion criteria:</i> Having been diagnosed with PTSD and having received treatment; both sexes; 18 to 65 years old; having Internet access.</p> <p><i>Exclusion criteria:</i> Having acute risk of suicide; a history of psychotic symptoms; bipolar disorder; organic brain disorders; any serious disorders related to substance abuse or dependence; personality disorders; a serious medical condition or severe cognitive impairment; trauma from sexual abuse; trauma due to limb amputation or other severe organic damage; lack of knowledge of the Spanish language; illiteracy; and the refusal or revocation of patient consent.</p> <p>Follow-up completed 2016</p>	<p>Quantitative</p> <p>Pre-, Post-treatment, and 2-month follow-up.</p> <p>One branch: Intervention group</p>	<p><i>Intervention:</i> Duration: 3 months. Modality: web-based program (adjunct intervention to the standard treatment offered to patients with work-related PTSD). Components: a) Self-care information (information about post-traumatic stress disorder and self-care recommendations in the form of text and audio-visual resources); Online or phone counseling; Emergency (emergency information on what to do and who to contact in a crisis situation); b) Monitoring: Patients receive a weekly email to monitoring their symptoms. Based on patients' answers, an automatic feedback message is sent. If a participant reports severe impairment, the SIN-E-STRES administrator receives an alert notification and then contacts the patient; also, an e-mail notification is sent to the professionals in charge of the patient's treatment.</p> <p>Variables/Scales</p> <ul style="list-style-type: none"> • Beck Depression Inventory (BDI) • Survey specifically designed to measure the feasibility and acceptability of the Without E-Stress Intervention (only post-intervention). • PTSD Checklist – Civilian version [PCL-C] (Vera-Villaroel et al., 2011) and PCL-6 (Lang & Stein, 2005). 	<p>Do users accept an Internet-based intervention that complements the usual treatment of post-traumatic stress disorder (PTSD) provided by the Chilean Work Safety Association (Asociación Chilena de Seguridad, ACHS)?</p>
Mindfulness and Health Promotion in Schools (PSPS_3B)	<p>Nonclinical Sample</p> <p>88 participants: 53% Women; 13.37 years old, SD=0.57 (Range 12-14 years). No socio-economic status data.</p> <p>IG: 41 CG: 47</p> <p><i>Inclusion criteria:</i> Secondary school students; 13 to 21 years old</p> <p><i>No exclusion criteria.</i></p>	<p>Mixed: Quantitative- Qualitative</p> <p>Quantitative component:</p> <p>Randomized controlled trial study (pre-post; 3- and 6-month follow-up).</p> <p>Two branches: Intervention group and Control group</p>	<p><i>Intervention:</i> Duration: 8 sessions (45 minutes each) Modality: Group sessions (10 participants per group) conducted by a trained psychologist. Sessions were carried out during the normal class schedule. Components: the Mindfulness in Schools Project (MiSP) is based on Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT). This intervention was adapted for adolescents and for implementation in classrooms.</p> <p>Control group: No intervention.</p> <p>Variables/Scales</p>	<p>Is it feasible to implement a mindfulness-based prevention program in the context of the Chilean school system?; how effective is it with respect to anxious/depressive symptomatology and well-being in adolescents who attend school?</p>

		Qualitative component: In-depth interviews with intervention group participants. Grounded Theory	<ul style="list-style-type: none"> Depression Anxiety Stress Scales (DASS – 21; Lovibond & Lovibond, 1995; Román, 2010) In-depth interviews with intervention group participants. Contents of interviews analyzed using Grounded Theory 	
	Follow-up completed 2015			
Comprehensive Technology-Assisted Training and Supervision Program to Enhance Depression Management in Primary Care (PSPS_4A)	<p>Health professionals and depressive patients (clinical sample)</p> <p>41 Health professionals: 83% Women; Professions: physicians, psychologists, social workers, nurses, midwives, occupational therapists.</p> <p>Patients: 442 primary health care patients, enrolled in 4 health care centers (2 CG – 2 IG), were recruited for the study.</p> <p>IG: 221 CG: 221</p> <p>Inclusion Criteria: Depressed adults (18-65 years old, attending primary care centers).</p> <p>Exclusion criteria: Individuals currently receiving treatment for depression and/or those without access to a telephone.</p> <p>Follow-up completed 2016</p>	<p>Quantitative</p> <p>Cluster Randomized controlled trial study design (pre-; 3- and 6-month follow-up).</p> <p>Two branches: Intervention group and Control group</p>	<p>Intervention (two phases):</p> <p>a) Depression management training for primary health care teams. This component involved designing and implementing a training program based on the Clinical Guidelines for Depression (GCD), aimed at primary health care teams, which emphasized the multi-professional management of depression. The training was provided through two in-person sessions which involved oral presentations, clinical case analyses, role playing, and treating a simulated patient. Two sessions; 6 hours of training each.</p> <p>b) Comprehensive supervision in the management of depression, technologically assisted, for primary health care teams. This component added to the everyday work of the intervened primary health care team a monthly in-person and on-line psychiatric consultancy service and periodic monitoring of patients' adherence and clinical evolution.</p> <p>Control group: Treatment as usual</p> <p>Variables/Scales</p> <ul style="list-style-type: none"> Depressive symptoms (PHQ-9); Health-related quality of life (SF-36); Clinical outcomes (OQ-45). Treatment adherence (SMAQ) and health services use. Survey to evaluate the various activities included in the program (health professionals). 	<p>Can a technologically-assisted training program for the use of the National Clinical Guidelines for Depression and Integral Supervision improve the depression management skills of primary health care teams? Does this primary health care intervention result in better clinical outcomes in patients treated for depression?; which factors hinder and which ones facilitate the implementation of the Clinical Guidelines for Depression (Guía Clínica de Depresión, GCD) in primary health care?</p>
Social Representations of Old Age in Health	Nonclinical Sample	Quantitative Cross-sectional	<ul style="list-style-type: none"> Depression Diagnosis (“clinical vignettes”) 	Do health professionals have stereotyped views of old age?;

<p>Professionals and Their Relationship with the Diagnosis of Depression in Older Adults (PSPS_1A)</p>	<p>41 Health professionals: 44% Women; 34.8 years old SD= 9.78 (Range 25-59 years).</p> <p>Inclusion criteria: Health professionals dedicated to adult clinical care (general practitioners, family doctors, geriatricians, psychiatrists, neurologists, and psychologists)</p> <p>Exclusion Criteria: None</p> <p>Recruitment process underway (estimated final sample size: 80)</p>		<ul style="list-style-type: none"> Negative Stereotypes Towards Ageing Questionnaire (CENVE) 	<p>How do social representations, specifically stereotypes about old age, affect the diagnosis of depression in older adults made by health professionals?</p>
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MIDAP's Line of Research 3 (MLR 3): Psychotherapeutic interventions and change processes.

Name (code)	Sample		Instruments or/and Equipment/methods	Research Questions
Distinctions in the Diagnosis and Prognosis of Depression in Psychotherapy: Relational Patterns, Internal Conflicts, and Vulnerabilities of Psychic Functioning and Their Relation to Psychotherapy Process Variables (IPCC_1A)	<p>Level: Patients</p> <p>Clinical Sample 158 patients: 74% Women; 31.07 years old; SD= 11.06 (Range 18-70 years). Diagnosis: No data. No socio-economic status data.</p> <p><i>Inclusion criteria:</i> Patient being in psychotherapy treatment</p> <p><i>Exclusion Criteria:</i> None</p> <p>Level: Therapists 158 Therapists, 87.1% Women. No data regarding age, therapeutic experience, or therapeutic approaches.</p> <p>Level: Sessions of Psychotherapeutic process. 158 finished psychotherapy process (terminating therapy, dropout, etc.) Mean: 11.75 sessions per therapy, SD= 8.86, Range: 1 - 38 sessions.</p> <p>Level: Patient-Therapist Interaction (micro-analysis). 20 therapeutic processes</p> <p>Data collection completed 2016</p>	<p>Two studies Quantitative</p> <p>(1) Longitudinal study</p> <p>(2) process-outcome results</p>	<p>Variables/Instruments:</p> <p>Level: Patients</p> <ul style="list-style-type: none"> Depression; Beck Depression Inventory (BDI). Depressive style; Depressive Experience Questionnaire (DEQ: Blatt, D'Afflitti, & Quinlan, 1976). Personality; Operationalized Psychodynamic Diagnosis Structure Questionnaire (OPD- SQ). <p>Level: Sessions of Psychotherapeutic process.</p> <ul style="list-style-type: none"> Therapeutic Outcomes; Outcomes Questionnaire (OQ 45.2; Von Bergen & De la Parra, 2002). Therapeutic Alliance; Session Evaluation Questionnaire (SEQ, Stiles, 1980). <p>Level: Patient-Therapist Interaction (micro-analysis).</p> <ul style="list-style-type: none"> Change Episodes and General Change Indicators (GCI) (Krause, 2006). OPD-focus (Ehrenthal, Dinger, Horsch, Komo-Lang, & Klinkerfuß, 2012; De la Parra, Gómez-Barris, & Dagnino, 20016) and Scale of Presence of OPD focus (Dagnino, 2013). 	<p>Is there an association between the anacletic and introjective personality styles and the personality traits considered in the operationalized diagnosis system (OPD, which considers dysfunctional relational patterns, internal conflicts, and structural vulnerabilities) in people treated at outpatient health care centers?;</p> <p>Are these diagnostic profiles associated with the evolution of the psychotherapeutic process in terms of symptomatology, interpersonal relationships, therapeutic alliance, and change?; Are these profiles associated with therapeutic outcomes at the end of the therapeutic process?</p>
Evaluation of the Impact of the Application of the Operationalized Psychodynamic Diagnosis System (OPD-2) (IPCC_1B)	<p>Level: Patients</p> <p>Clinical Sample Baseline: 88 patients: 89% Women; 45 years old, SD= 13.8 (Range 18-84 years). Diagnosis: 29.5% Severe Depressive Episode; 15.9% Recurrent Depressive Disorder; 8% Moderate or Mild Depressive Episode; 8% Bipolar Affective Disorder; 18.2% other depressive</p>	<p>Quantitative</p> <p>Non-randomized. Measured pre-intervention and 3 and 6 months post-intervention</p>	<p>Intervention group: The IG receives therapy after the patient is diagnosed using the OPD-2 and after establishing –according to this system– the therapeutic foci to be covered (for which a group of psychologists were trained to use the instrument).</p> <p>Control group: Treatment as usual (TAU) of health care centers</p>	<p>Can the OPD be an applicable, useful, and efficient tool for psychologists working in public mental health care centers? (MLR1);</p> <p>Is it effective to provide psychological therapy whose therapeutic foci are defined using the OPD-2 in</p>

	<p>symptomatology; 20.5% diagnosis of depression not specified. Socio-economic Status: 100% High; 0% Middle; 0% Low.</p> <p>Follow-up: 28 patients: 89% Women; 45.68 years old, SD= 12.43 (Range 18-65 years).</p> <p>IG: N= 43 (follow-up: N=12) CG: N= 45 (follow-up: N=16)</p> <p>Inclusion criteria:</p> <ul style="list-style-type: none"> • Adult patients (18-65 years old). • Clinical diagnosis of depression • Attending psychotherapy sessions at Community Centers for Family Mental Health (Centros Comunitarios de Salud Mental Familiar, COSAM). <p>Exclusion Criteria: Diagnosis of organic damage, mental retardation, or dementia Psychotic disorder diagnosis Abuse or dependence of psychotropic substances.</p> <p>Level: Therapists 20 Therapists: 50% Women; 35 years old (Range 24-52 years). Therapeutic experience: Less than 5 years: 35%; 5 to 10 years: 30%; More than 10 years: 35% Therapeutic Approaches: Cognitive-behavioral: 10%; Psychodynamic: 40%; Systemic: 35%; Humanistic 35%; Eclectic: 5%</p> <p>Data collecting completed 2016</p>	Two branches: Intervention group and Control group	<p>Variables/Instruments:</p> <p>Level: Patients</p> <ul style="list-style-type: none"> • Depression; Beck Depression Inventory (BDI). • Therapeutic Outcomes; Outcomes Questionnaire (OQ 45.2; Von Berger & De la Parra, 2002) • Quality of Life; 36-Item short form Health Survey (SF-36) • Personality; Operationalized Psychodynamic Diagnosis Structure Questionnaire (OPD-SQ). • Therapeutic Alliance; Working Alliance Inventory (WAI, patient version, Horvath & Greenberg, 1986; Santibáñez, 2003). 	<p>the areas of symptomatic reduction, improvement in general and interpersonal functioning, quality of life, and structural personality capabilities?;</p> <p>Does this therapy improve variables of the therapeutic process, specifically the alliance and the patient's adherence to therapy?</p>
Mindfulness, Depression, and Personality:	<p>Level: Patients</p> <p>Clinical Sample</p>	<p>Mixed Design:</p> <p>Quantitative</p>	<p>Intervention group: Received Mindfulness-Based Cognitive Therapy (MBCT).</p>	<p>Can mindfulness meditation training/practice strengthen regulatory and integrative</p>

Investigating Mind-Body Correlates in the Generation and Relief of Suffering (IPCC_2)	<p>6 patients: 100% Women; 30 years old SD= 3 Diagnosis: No additional data Socio-economic Status: 70% High; 30% Middle; 0% Low.</p> <p><i>Inclusion criteria:</i></p> <ul style="list-style-type: none"> • Adult patients (18-65years old); • Depressive or/and Anxiety symptoms (low-middle) • Expressing commitment to daily practice of mindfulness <p><i>Exclusion Criteria:</i> Having severe Depressive or/and Anxiety symptoms, suicidality or psychosis</p> <p>Level: Therapists 2 Therapists: 50% Women; Mean age= 37 years old. Therapeutic experience: Less than 5 years: 0%; 5 to 10 years: 100%; More than 10 years: 0%. Therapeutic Approaches: 100% Mindfulness training.</p> <p>Data collection completed 2016</p>	<p>Pre-post design</p> <p>Qualitative Explication Interview</p>	<p>Variables/Instruments:</p> <p>Level: Patients</p> <ul style="list-style-type: none"> • Depression; Beck Depression Inventory (BDI). • Mindfulness; Five Facet Mindfulness Questionnaire (FFQM). • Depressive style; Depressive Experience Questionnaire (DEQ: Blatt, D'Afflitti, & Quinlan, 1976). • Personality; Operationalized Psychodynamic Diagnosis Structure Questionnaire (OPD- SQ). • Difficulties in Emotion Regulation Scale (DERS, Gratz, K. & Roemer, 2004). • Heart rate variability • Ability to suppress responses that are inappropriate in a particular context; Fankler Test. • Explication Interview (Qualitative). 	<p>personality functions and reduce the symptomatology perceived and/or recorded at a psycho-physiological level?</p> <p>Is this impact of mindfulness meditation training/practice on these results mediated by specific characteristics of the care provided, which include equanimity, acceptance, and compassion?</p> <p>Are there any differences/convergences observed when analyzing results with methodologies for reporting subjective experience (first person) and psycho-physiological indicators (third person)?</p>
Evaluation of the Effectiveness of Adolescent Identity Treatment (AIT): Assessment of the Psychotherapy Process and Outcome in Adolescents Diagnosed with Identity Diffusion (IPCC_3A)	<p>Level: Patients</p> <p>Clinical Sample 44 patients (total sample size= 140): 4 Schilkrut Institute, Chile; 10 Basel, Switzerland; 30 Heidelberg, Germany.</p> <p>Chilean sample N=4 (total Chilean sample size= 20); 74% Women; 31.07 years old, SD= 11.06 (Range 13-19 years). Diagnosis: No additional data. Socio-economic Status: 70% High; 30% Middle; 0% Low.</p> <p><i>Inclusion criteria:</i></p>	<p>Quantitative</p> <p>Multi-centric Study: Basel (Switzerland), Heidelberg (Germany), and Instituto Médico Schilkrut (Chile).</p> <p>Two study designs:</p> <p>a Multiple-case systematic process study (AIT</p>	<p>Intervention group: AIT intervention. The AIT model is an individual treatment approach designed to conduct systematic technical interventions in adolescence in order to prevent or revert the development of personality pathologies and improve behavioral, social, and academic functioning. Apart from psychotherapy, this model employs psychoeducation and family work to support the individual work carried out with the adolescent. The AIT model begins with a 6-month treatment, with a re-assessment every 6 months according to the patient's disorder and his/her needs.</p> <p>Control Group: Dialectical Behavioral Therapy for Adolescents (TCD-A).</p>	<p>Does AIT effectively reduce psychopathological symptoms and dysfunctional behaviors, and does it effectively improve emotional regulation, social cognition, and psychosocial functioning in adolescents?; what are the mechanisms of change present throughout the therapeutic process?</p>

	<p>Adolescents (13-18 years old), diagnosed with personality disorders</p> <p><i>Exclusion Criteria:</i> IQ <85; presence of psychotic disorder, generalized developmental disorder, persistent substance dependence, or antisocial personality disorder; presence of severe neurological /somatic disorder; need for inpatient treatment.</p> <p>Level: Therapists 6 Therapists, 50% Women, Age Range: 30-50 years. Therapeutic experience: Less than 5 years: 0%; More than 5 years: 100%. Therapeutic Approaches: 100% AIT training.</p> <p>Levels: Sessions of Psychotherapeutic process & Patient-Therapist Interaction (micro-analysis). 44 patients (total sample size= 140): 4 Schilkrut Institute, Chile; 10 Basel, Switzerland; 30 Heidelberg, Germany.</p> <p>Recruitment process underway</p>	<p>Therapy, Santiago).</p> <p>b Randomized Controlled Study (RCT) in Basel and Heidelberg.</p>	<p>Variables/Instruments:</p> <p>Level: Patients</p> <ul style="list-style-type: none"> • Depression; Beck Depression Inventory (BDI). • Severity Borderline Symptoms (BSL-23)2 • Interpersonal Problems (IIP64)2 • Emotional Regulation (DERS); • Interpersonal functioning according to Parents and Patient (CIS-Y, CIS-P); • Child Trauma Questionnaire (CTQ; Bernstein & Fink, 1998). • Adolescent Attachment (AAQ)2 • Adolescent Quality of Life (KIDSCREEN-27/10) • Social Cognition (MASC); • Parental Ties (PBI)2 • Overall Performance (CGAS), • Clinical Impression (CGI), • Personal Functioning Level (LOPF-Rating)2, • Self-Thinking and Self-Behavior Interview (SITBI)1, • Zanerini Assessment Scale for TPB (Zan-BPD) 1 • Parental Stress (PSI), • Expectations (CEQ) and School Performance (SFR) according to a therapist report. <p>Level: Sessions of Psychotherapeutic process.</p> <ul style="list-style-type: none"> • Session Evaluation Questionnaire (SEQ, Stiles, 1980). • Symptoms and therapeutic change (Y-OQ). • Therapeutic Alliance according to Patient and Therapist (WAI-P, WAI-T) 2, <p>Level: Patient-Therapist Interaction (micro-analysis).</p> <ul style="list-style-type: none"> • Change Episodes and General Change Indicators (CGI) (Krause, 2006) • Rupture-Resolution Episodes • Moments of Self-definition • AIT Techniques 3 	
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	Note. Some measurements are not applied in all centers: 1 only Basel and Heidelberg, 2 only Santiago, 3 only Santiago and Basel.		<ul style="list-style-type: none"> Therapeutic Activity Coding System (TACS-1.0, Valdés et al., 2010)² Physiological Measurements 1 (galvanic skin response, heart rate, and cortisol). 	
Efficacy of a Computer-Assisted Cognitive-Behavioral Therapy for Adolescents with Depression in Primary Health Care in Santiago de Chile (IPCC_3B)	<p>Level: Patients</p> <p>Clinical Sample 216 patients: 76% Women; 11.3 years old, SD=1.1 years (Range: 15-19). Diagnosis: No additional data Socio-economic Status: 0% High; 100% Middle; 0% Low.</p> <p>IG: N= 108 CG: N= 108</p> <p>Inclusion criteria: Depressed adolescents aged between 15 and 19 years</p> <p>Exclusion Criteria: Current suicidal risk requiring in-patient care, current psychosis, alcohol or substance dependence, or low intellectual ability. Adolescents taking antidepressants or receiving psychotherapy, and those with a history of bipolar illness.</p> <p>Follow-up completed 2016</p>	<p>Quantitative</p> <p>Randomized controlled trial (pre-post measurement; 4- and 6-month follow-up)</p> <p>Two branches: Intervention group and control Group</p>	<p>Intervention group: The IG received computer-assisted cognitive-behavioral therapy aimed at adolescents with depression during 8 weekly sessions (45 minutes each), provided by a trained psychologist who was supervised monthly. The program is called 'Yo pienso, siento y actúo mejor' (YPSA-M) [I think, feel, and behave better]. Topics covered in the program will include information on symptoms and causes of depression, treatment options, problem-solving techniques, and other cognitive-orientated strategies to challenge negative thoughts.</p> <p>Control group: The control group will receive treatment as usual from the primary care clinics.</p> <p>Variables/Instruments:</p> <ul style="list-style-type: none"> Depressive symptoms; Beck Depression Inventory (BDI) and PHQ-9 (Baader et al., 2012). Adolescent Quality of Life (KIDSCREEN-27/10) Early Adolescent Temperament Questionnaire-Revised (EATQ-R). Social Problem-Solving Inventory-Revised (SPSI-RS) Children's Automatic Thoughts Scale, CATS. Okasha Suicidality Scale (Okasha, Lotaif, & Sadek, 1981; Salvo, Melipillán, & Castro, 2009). 	Is it effective to use a computer-assisted cognitive-behavioral therapy for treating depression in adolescents in primary health care centers?
Electrophysiological Correlates of Depression and Psychotherapy (IPCC_3C),	<p>Clinical case</p> <p>The participant (N=1) is a 48-year-old woman with depressive symptomatology and recurrent depression. The patient's BDI score in the first session was 36 points (severe depression). Out of the 50 video recorded sessions, only 26 had enough quality to be analyzed.</p>	Case study	<p>Variables/Instruments:</p> <ul style="list-style-type: none"> The psychotherapy was video recorded. Patient and therapist brain activity; electroencephalogram (EEG EMOTIV Epoch). Therapeutic outcomes of each session; Outcomes Questionnaire (OQ 45.2; Von Berger & De la Parra, 2002) 	Are there any electrophysiological markers –in the patient and the therapist– which characterize the relevant moments during the psychotherapeutic process of a patient diagnosed with depression?

	The psychotherapy was completed in 2015.			
Types of Depression, Therapeutic Alliance, and Their Relation with Therapeutic Outcomes and Dropouts (IPCC_3G)	<p>Level: Patients</p> <p>Clinical Sample 99 patients, 78% Women; 43.22 years old, SD= 13.40 (Range: 18-68 years). Diagnosis: No additional data No socio-economic status data</p> <p>Inclusion criteria: Adult patients (18-65 years old) diagnosed with depression</p> <p>Exclusion Criteria: None</p> <p>Level: Therapists 77% Women; mean age= 36.36 years old, SD= 7 years (Range 28-54). Therapeutic experience (in years): 8.76 years, SD=4.86 (Range, 4 – 25). Therapeutic Approaches: Cognitive-behavioral: 1%; Psychodynamic: 10%; Systemic: 42%; Integrative 48%</p> <p>Level: Sessions of Psychotherapeutic process. 99 completed the psychotherapy process (terminating therapy, dropout, etc.) Mean: 9.16 sessions per therapy, SD= 1.2, Range 1 – 41 sessions.</p> <p>Data collection completed 2015</p>	<p>Quantitative</p> <p>Naturalistic study</p> <p>Measurements: pre- sessions 1 to 3; post-treatment and follow-up (3 months after end of therapy).</p>	<p>Level: Patient Variables/Instruments:</p> <ul style="list-style-type: none"> Depression; Beck Depression Inventory (BDI) and International Neuropsychiatric Interview (MINI, DSM-IV Spanish version). Depressive Experience Questionnaire (DEQ; Blatt, D’Afflitti, & Quinlan, 1976) Patient Expectations Evaluation (PATHEV; Schulte, 2005). Sex Ideology (SRIS; Kalin & Tilby, 1978) Self-Constraint Scale (SCS; Singelis, 1994) Tightness-Looseness Scale (TLS; Gelfand et al., 2007). Closeness of Relationships by Inclusion of the Other in the Self (IOS; Aron, Aron, & Smollan, 1992) Social Support Questionnaire (SSQ-6; Sarason, Sarason, Shearin, & Pierce, 1987) Experience in Close Relationships-Revised (ECR-II) <p>Level: Sessions of the psychotherapeutic process (sessions 1 - 3; and last therapeutic session):</p> <ul style="list-style-type: none"> Session Evaluation Questionnaire (SEQ, Stiles, 1980) for patient and therapist. Symptoms and therapeutic change (Y-OQ). Therapeutic Alliance according to Patient and Therapist (WAI-P, WAI-T). 	<p>Is there a connection (and interaction) between the patient's anacritic and introjective personality styles, his/her level of attachment, and perceived social support, on the one hand, and the final therapeutic outcome, on the other?</p> <p>How do the anacritic and introjective personality styles, attachment, and social support connect and interact with depression? How are process variables, especially alliance-related ones, patient-perceived usefulness, and comfort of the initial sessions (1 to 3) related to the final therapeutic outcome?</p>
Psychotherapy Follow-up: The Participants' Perspective (IPPC_4)	<p>Level: Patients</p> <p>Clinical Sample: Final sample size= 80 psychotherapeutic processes completed (by medical discharge or drop-put).</p>	<p>Qualitative</p> <p>Semi-structured interview: patients, one of their relatives, and their therapist</p>	<p>Variables/Instruments:</p> <ul style="list-style-type: none"> Semi-structured interview with adult and adolescent patients. In the case of child patients, some additional techniques were included (game, drawing, and dramatic performance). 	<p>What criteria are used by patients, relatives, and therapists to define therapeutic success and failure?</p> <p>What are the differences between participants of different age groups with respect to subjective</p>

	<p>Adult patients (19 to 65 years old): 50 patients and their therapists will be interviewed.</p> <p>Adolescent patients (12 to 18 years old): 15 patients, one of their relatives (e.g. mothers), and their therapist will be interviewed.</p> <p>Child patients (6 to 11 years old): 15 patients, one of their relatives (e.g. mothers), and their therapist will be interviewed.</p> <p>Inclusion criteria: Patient starting psychotherapy treatment.</p> <p>Exclusion Criteria: Patients with brain damage, mental retardation, or a productive psychotic episode at the time of the interview.</p> <p>Preliminary Results based on: Children sample: 4 children (25% girls, age Range 6 to 10 years), their therapists (2 people; 50% women, age range 26-27 years; new therapists; constructivist therapeutic approach), and one of their parents (75% mothers). Psychotherapy duration: 6 to 38 sessions (weekly); all completed.</p> <p>Adolescent sample: 6 adolescents (67% girls, age range 13 to 18 years) and their therapists (6 people; 83% women, age range 25-50 years; from 3 to 14 years of therapeutic experience; integrative, eclectic constructivist, and cognitive behavioral approaches). Psychotherapy duration: 6 to 11 sessions (weekly); 4 completed therapies and 2 drop-outs.</p> <p>Recruitment process underway</p>	<p>Grounded Theory: Autobiographical narrative analysis</p>	<ul style="list-style-type: none"> Content of interviews analyzed using Grounded Theory; Autobiographical narrative analysis Therapeutic Outcomes of adult patients; Outcomes Questionnaire (OQ 45.2; Von Bergen & De la Parra, 2002). Therapeutic Outcomes of child patients; SDQ (Brown, 2012). 	<p>experiences of therapeutic success and failure? What causality attributions do therapists, patients, and relatives make with respect to the psychotherapeutic process and its successful and unsuccessful aspects?</p>
Mentalizing and Change in Psychotherapy for	<p>Level: Patients</p> <p>Clinical Sample</p>	Quantitative	<p>Variables/Instruments:</p> <p>Level: Patients</p>	<p>How does the mentalizing capacity of patients interact with that of therapists</p>

Patients with Personality Disorders (IPCC_6B)	<p>7 patients (total sample size=11): 86% women; 32 years old, SD= 9.4 (Range 18-48 years).</p> <p>Diagnosis: No additional data.</p> <p>Socio-economic Status: 0% High; 100% Middle; 0% Low.</p> <p><i>Inclusion criteria:</i> Adults (18 - 64 years old) Outpatients Personality disorder criteria</p> <p><i>Exclusion Criteria:</i> Patients with brain damage, mental retardation, or a psychotic disorder diagnosis.</p> <p>Level: Therapists 5 Therapists, 20% women; 48 years old, SD= 8 (Range 32-56 years). 100% Psychodynamic. No therapeutic experience data.</p> <p>Level: Sessions of the Psychotherapeutic process and Patient-Therapist Interaction. 7 completed psychotherapy processes (100% therapy termination, 0% drop-out) Completed psychotherapy processes: mean: 68.2 sessions per therapy, SD= 27.7, range 44 – 120 sessions.</p>	<p>Multiple case study</p>	<ul style="list-style-type: none"> • Patient depression; Beck Depression Inventory (BDI). • Patient Personality; Operationalized Psychodynamic Diagnosis Structure Questionnaire (OPD- SQ). • Patients' and therapists' attachment; Adult Attachment Prototype Rating (AAPR; Martinez & Medina, 2007) <p>Level: Sessions of Psychotherapeutic process.</p> <ul style="list-style-type: none"> • Therapeutic Outcomes; Outcomes Questionnaire (OQ 45.2; Von Bergen & De la Parra, 2002). <p>Level: Patient-Therapist Interaction (micro-analysis).</p> <ul style="list-style-type: none"> • Change Episodes and General Change Indicators (CGI) (Krause, 2006) • Alliance Rupture Episodes (Safran & Muran, 1996) • Discursive Positions (Martínez, Tomicic, Pérez, Altimir, & Krause, 2014). • Vocal Quality Patterns (Tomicic, Martínez, Chacón, Guzmán, & Reinoso, 2011). • Mentalization; Reflective Functioning Scale (Fonagy et al., 1998) 	<p>during long-term therapeutic processes? Is this interaction process (co/regulation) associated with the evolution of the process?; Is it associated with psychotherapeutic change?</p>
Discourse-Voice Regulation Strategies in Psychotherapeutic Interaction During Long-Term Psychotherapies (IPCC_6C)	<p>Ongoing recruitment and micro-analysis coding process</p>	<p>Quantitative Multiple case study</p>	<p>Variables/Instruments:</p> <p>Level: Patients</p> <ul style="list-style-type: none"> • Patients' depression; Beck Depression Inventory (BDI). • Patients' Personality; Operationalized Psychodynamic Diagnosis Structure Questionnaire (OPD- SQ). • Patients' and therapists' attachment; Adult Attachment Prototype Rating (AAPR; Martinez & Medina, 2007) <p>Level: Sessions of Psychotherapeutic process.</p> <ul style="list-style-type: none"> • Therapeutic Outcomes; Outcomes Questionnaire (OQ 45.2; Von Bergen & De la Parra, 2002). 	<p>What is the relationship between the verbal and nonverbal forms of patient-therapist regulation in relevant episodes of psychotherapeutic processes?</p>

			<p>Level: Patient-Therapist Interaction (micro-analysis).</p> <ul style="list-style-type: none"> • Change Episodes and General Change Indicators (CGI) (Krause, 2006) • Alliance Rupture Episodes (Safran & Muran, 1996) • Discursive Positions (Martínez, Tomicic, Pérez, Altimir, & Krause, 2014). • Vocal Quality Patterns (Tomicic, Martínez, Chacón, Guzmán, & Reinoso, 2011). 	
Completed Studies				
Study Name (internal code)		Research questions.		
Communicative Characteristics in Patients with Introjective and Anaclitic Depression (IPCC_3E)		What are the differential characteristics of patients with introjective and anaclitic depression, in terms of their communicative and linguistic patterns?; what is their evolution throughout the psychotherapeutic process?; what is the relationship between said communicative, linguistic, and relational patterns, on the one hand, and psychotherapeutic outcomes and change, on the other?		

MIDAP's Line of Research 4 (MLR 4): Rehabilitation and reintegration.

Name (code)	Sample	Study Design	Instruments or/and Equipment/methods	Research Questions
E-Mental Health for Reducing the Chronicity of Depressive Disorders (ASCENSO/Chile) (REI_3B)	<p>Patients: 172 patients (86 CG – 86 IG) will be recruited for the study</p> <p><i>Inclusion Criteria:</i> Adults (18 to 65 years old) with Internet access who have been diagnosed with a major depressive disorder (MDD) and who are receiving psychiatric and/or psychological treatment as usual in the Psicomédica mental health center</p> <p><i>Exclusion criteria:</i> Attempted suicide; Psychotic episodes; Hospitalization for previous depressive episodes; Bipolar disorder or organic brain disorders; Substance abuse or dependency; Antisocial, schizotypal, or borderline personality disorder; Serious physical illness; or severe cognitive impairment; Lack of knowledge of the Spanish language or illiteracy; and denial or revocation of consent.</p> <p>Recruitment will start May, 2017.</p>	<p>Quantitative</p> <p>Cluster Randomized controlled trial study design (pre; 6- and 9-month follow-up).</p> <p>Two branches: Intervention group and Control group</p>	<p>Intervention group: ASCENSO is an online intervention to provide support for depression treatment. Patients interact with the program via a monitoring e-mail that they receive every 2 weeks and a Web site that allows them to access several modules. ASCENSO consists of the following modules: a) Monitoring: includes an online assessment of symptoms every 2 weeks and feedback; b) suicide risk alert and suicide risk management; c) self-care suggestions; d) online counseling; e) Informative blog</p> <p>Control group: Treatment as usual</p> <p>Variables/Scales</p> <ul style="list-style-type: none"> • Depression; Beck Depression Inventory (BDI) and International Neuropsychiatric Interview (MINI, DSM-IV Spanish version). • Patients' depression; Beck Depression Inventory (BDI). • Depressive symptoms (PHQ-9, Baader et al., 2012) • Generic health status; EuroQol five dimensions questionnaire (EQ-5D). • Psychological treatment adherence (by percentage of attending sessions) 	<p>Is the ASCENSO intervention, delivered as a complement to the usual treatment of depression, effective in increasing adherence to psychotherapeutic and/or psychiatric treatment, reducing depressive symptoms, and improving quality of life?</p>
Affective Disorders and Personality Disorders: Effects of Early Adversity Experiences (EAEs) on the Clinical Development and Management of	<p>Clinical Sample 3554 patients: 66% women; 40 years old, SD= 12.83 (Range 17-85 years). Diagnosis: No additional data. No socio-economic status data.</p> <p><i>Inclusion Criteria:</i> Mood disorders.</p> <p><i>Exclusion criteria:</i> None</p>	<p>Secondary data study (clinical records)</p>	<p>Records of semi-structured clinical interview:</p> <ul style="list-style-type: none"> • Demographic data • Clinical information such as symptoms and clinical history and severity indicators • Trauma Scale (Marshall) • MINI Suicidality Scale 	<p>Do EAEs have an impact on the complexity of the depressive symptoms of people treated at outpatient health care centers, in terms of the gravity of their clinical presentation (dropout from previous treatment, recurrence of the pathology, high suicidality, and axis II comorbidity) and resistance to</p>

Complex Sets of Affective Symptoms (REI_5A)				treatment?; how to provide interventions or treatments for complex patients in order to improve the effectiveness of treatment and reduce the chronicity of depression?
Active ingredients of change in Transference-Focused Psychotherapy: towards the identification of candidate interventions for short term, modular interventions for patients with complex, treatment-resistant depression (REI_5B)	<p>Patients: 60 patients (30 USA – 30 Chile) will be recruited for the study.</p> <p><i>Inclusion Criteria:</i> Diagnosis of borderline personality disorders.</p> <p><i>Exclusion criteria:</i> None</p> <p>Level: Sessions of Psychotherapeutic process. Total sample size: 60 (sessions in one year of treatment).</p>	<p>One-year longitudinal naturalistic study</p> <p>Multi-centric study (Santiago, Chile; Cornell, USA)</p>	<p>Monthly measures of personality structure, emotion, and self-worth regulation will be performed.</p> <p>Patients (Baseline):</p> <ul style="list-style-type: none"> • Demographic questionnaire • Self-Concealment Scale (SCS) • Child Trauma Questionnaire (CTQ; Bernstein & Fink, 1998). • Personality; Operationalized Psychodynamic Diagnosis Structure Questionnaire (OPD-SQ). • DSM Diagnosis Interview (SCID-I). • Personality Structure Interview (STIPO). • Symptomatic burden self-report (OQ-30). • Negative Mood Regulation Scale, short form (NMR-SF). • Emotion Regulation Questionnaire (ERQ-9). • Multidimensional Self-Concept Scale (MSCS). <p>Level: Sessions of Psychotherapeutic process.</p> <p>Monthly</p> <ul style="list-style-type: none"> • OPD-SQ (social activities, hobbies, etc.). Emotional regulation scale, Self-worth scale. <p>Session-by-session</p> <ul style="list-style-type: none"> • Working Alliance Inventory – patient version • Symptomatic burden self-report (OQ-30). • Patient suicide risk scale. • Working Alliance Inventory – therapist version • Frame/personality scale (constructed ad hoc with the Cornell team) 	To study the relationship between frame/personality interventions and the process of therapeutic change from the standpoint of multiple process and outcome variables in patients receiving TFP for borderline personality pathology.

APPENDIX II

Presentations of MIDAP's researchers and students in Scientific Events 2016

1. Águila, D., Lama, X.; Capella, C.; Rodríguez, L. 2016. Ponencia: Narrativas de psicólogos/as sobre el proceso de cambio psicoterapéutico en niños, niñas y adolescentes que han sido víctimas de agresiones sexuales. 14° Congreso Chileno de Psicoterapia y 12° Congreso Chileno de Investigación en Psicoterapia de la SPR (Society for Psychotherapy Research), August 26 - 28, 2016, Reñaca, Chile.
2. Alamo, N., C Capella, L Nuñez, M Krause. 2016. Ponencia: What changes during psychotherapeutic process with children? A qualitative approach from the perspective of therapists, children and family members. 47th Annual Meeting of the Society for Psychotherapy Research, June 2016, Jerusalem, Israel.
3. Alamo, N., Claudia Capella, Lucía Núñez, Mariane Krause. 2016. Ponencia: ¿Qué es lo que cambia durante el proceso psicoterapéutico con niños? Una aproximación cualitativa desde la perspectiva de terapeutas, niños y familiares. XII Congreso Latinoamericano de Investigación en Psicoterapia SPR (Society for Psychotherapy Research), October 20 – 22, 2016, Porto Alegre, Brasil.
4. Alvarez, K., E Gómez-Barris, F Leyton, U Ríos, N Valdés. 2016. Acerca de los pentagramas y notas de la adolescencia: Aproximación cualitativa a las características estructurales de adolescentes en psicoterapia. Oral in Panel “Salud Mental en la Adolescencia: Cuando la canción se toca con acordes menores”, XIV Congreso Chileno de Psicoterapia y XII Congreso Chileno de Investigación en Psicoterapia. August 26 - 28, 2016, Reñaca, Chile.
5. Andreu CI, Slagter H.A., Franken I.H.A., Cosmelli D. Emotional modulation of response inhibition in Vipassana meditators. III International Meeting on Mindfulness. Zaragoza, España, 8-11 June, 2016.
6. Andreu, C., D Cosmelli, H. A. Slagter & I.H.A. Franken. 2016. Effects of a brief mindfulness-meditation intervention on neural measures of response inhibition and performance monitoring in cigarette smokers. Neuroscience 2016 Meeting, Society for Neurosciences, November 12-16, San Diego, CA
7. Apfelbeck, E., Diez, M.I., Pérez, JC. 2016. ¿Qué dice hoy el Rorschach de una muestra de adolescentes Chilenos?. Jornadas de Psicodiagnóstico UC: Pruebas proyectivas de Niños y adolescentes en contexto escolar y clínico, Santiago, Chile. April 8, 2016.
8. Armas, P., N. Suárez, S. Fernández, M. Krause. 2016. El proceso de terminación y su relación con la evaluación general de la psicoterapia, desde la perspectiva de pacientes y terapeutas. Oral. XII Congresso Latino-Americano de Pesquisa em Psicoterapia - SPR-LA - IV Simpósio de Pesquisa do PPG, 20-22 October, 2016, Porto Alegre Brasil
9. Azócar, E.; Capella, C.; García, F.; Metiffogo, D.; Navarro, C; Parra, F. 2016. Ponencia: Aproximación al contenido y estructura narrativa de niños, niñas y adolescentes desde la perspectiva Constructivista evolutiva. 14° Congreso Chileno de Psicoterapia y 12° Congreso Chileno de Investigación en Psicoterapia de la SPR (Society for Psychotherapy Research), August 26 - 28, 2016, Reñaca, Chile.
10. Baquedano, C., V Lopez, D Cosmelli & A Lutz. 2016. A brief mindful instruction de-automatizes approach-oriented impulses towards attractive foods: behavioral and ERP evidence. Neuroscience 2016 Meeting, Society for Neurosciences, November 12-16, San Diego, CA

11. Barrientos, M., Schmidt, C. Langer, A.I. & Reyes, G. 2016. Efecto de dos tipos de intervenciones en mindfulness sobre la metacognición. Presentación oral en el XI Congreso Chileno de Psicología, Santiago, Chile. October, 2016.
12. Behn, A. & Errázuriz, P. 2016. De la miseria histórica al infortunio ordinario: la relación entre felicidad y carga sintomática durante la psicoterapia. Efectos moderadores del nivel de ingreso económico. Paper presented at the 14 Congreso Chileno de Psicoterapia & Congreso Chileno de Investigación en Psicoterapia, Reñaca, Chile. (2016, August)
13. Behn, A., Errázuriz, P., Gloger, S. 2016. Patient's baseline level self-concealment, development of the therapeutic alliance, and outcome trajectories in short-term. Brief paper 47th Annual Meeting of the Society for Psychotherapy Research, June 2016, Jerusalem, Israel.
14. Behn, A., Gloger, S., Chacón, V. & Cáceres, C. 2016. Early life maltreatment and complex depression. Presentación realizada en la Universidad de Tel Aviv. Tel Aviv, Israel. June 2016.
15. Borghero, Francesca, Vania Martínez, Paul Vöhringer, Marianela Hoffmann, Gabriel Cavada, Pedro Zitko, Graciela Rojas. 2016. Validación del cuestionario para sintomatología depresiva Patient Health Questionnaire-9 modificado para adolescentes (PHQ-9-A) en Chile. XXXIV Congreso SOPNIA. Puerto Varas. November 16, 2016.
16. Borzutzky, A. & Valdés, N. 2016. Interacción entre difusión de identidad y conductas de riesgo durante la adolescencia: desafíos para la práctica clínica. Oral in Panel “Tratamiento para la Identidad del Adolescente (IAT) como una Aproximación Integral de la Personalidad: desarrollando música coherente a partir de letras caóticas”, XIV Congreso Chileno de Psicoterapia y XII Congreso Chileno de Investigación en Psicoterapia. Reñaca, August 26 - 28, 2016. Viña del Mar, Chile.
17. Borzutzky, A. y N. Valdés. 2016. Difusión de identidad y conductas de riesgo durante la adolescencia: principales desafíos para la práctica clínica. Oral in Panel Tratamiento para la Identidad del Adolescente (AIT): una aproximación integral de la personalidad. XII Congreso Latino-Americano de Pesquisa em Psicoterapia SPR. Porto Alegre, RS, Brasil. October, 20 – 22, 2016.
18. Botto, A. 2016. Genes, ambiente y salud mental: ¿pueden las intervenciones psicosociales producir cambios epigenéticos? Oral in Panel “Neurociencia Genética e Investigación en Psicoterapia: Notas para un diálogo emergente”, XIV Congreso Chileno de Psicoterapia y XII Congreso Chileno de Investigación en Psicoterapia. Reñaca, August 26 - 28, 2016. Viña del Mar, Chile.
19. Capella, C., V Ramires, L Nuñez, F Driemeier Schmidt. 2016. Panel: Psicoterapia en niños y adolescentes: proceso terapéutico, cambio y proceso de terminación. XII Congreso Latinoamericano de Investigación en Psicoterapia SPR (Society for Psychotherapy Research), October, 20 – 22, 2016, Porto Alegre, Brasil.
20. Capella, C.; Azocar, E.; Rodriguez, L; Gomez, C.; Lama, X.; Nuñez, L.; Dussert, D. 2016. Ponencia: Cambio psicoterapéutico desde la perspectiva de niños y adolescentes que han sido víctimas de agresiones sexuales. XII Congreso Latinoamericano de Investigación en Psicoterapia SPR (Society for Psychotherapy Research), October, 20 – 22, 2016, Porto Alegre, Brasil.
21. Capella, C.; Rodriguez, L; Lama, X.; Aguila, D; Azocar, E.; Dussert, D.; Espeleta, M.; Fuentes, S.; Gomez, C.; Nuñez, L.; Vasquez, V. 2016. Ponencia: Change in psychotherapy for sexual abuse: The voice of children and adolescents. 21° ISPCAN International Congress for the Prevention of Child Abuse and Neglect, August 28 – 31, 2016, Calgary, Canada.

22. Carrasco, Á., M Moessner, CG. Carbonell, C Rodríguez C., N Martini, JC. Pérez, P Garrido, F Özer, M Krause, S Bauer. 2016. Presentación: SIN-E-STRES: Sistema de apoyo y monitoreo en línea para el tratamiento del estrés. 1ª Jornada de Actualización en Psicotrauma. 11/12/2016. Hospital del Trabajador, ACHS. Chile.
23. Carrasco, Á., MI Gaete, M Olhaberry, F Pérez, C Undurraga, C Amezaga, P San Cristóbal. 2016. Presentación: Intra-culturality and depressive symptoms: variations in emotional expressiveness and in the value system in a Chilean population sample. 23/06/2016. 47th Annual Meeting of the Society for Psychotherapy Research, Jerusalem, Israel.
24. Carrasco, A., Moessner; M., Garrido, P., Carbonell, P., Bauer, S., González, P., Pérez, C., Krause, M., Rodríguez, C., Martini, N., & Özer, F. 2016. Design and preliminary results of a pilot study of SIN-E-STRES, a web-based program for the monitoring and support of patients with post-traumatic stress disorder in the Chilean Safety Association. Poster. Society for Psychotherapy Research, 47th International Annual Meeting. Jerusalem. (21-25 June 2016)
25. Carrasco, E. y M Olhaberry. 2016. Poster: La relación entre el estrés parental y la satisfacción marital y su rol en la calidad de las interacciones triádicas entre padres y madres con hijos/as de 1 a 3 años de edad con dificultades en el desarrollo socioemocional. XIV Congreso Chileno de Psicoterapia y XII Congreso Chileno de Investigación en Psicoterapia. Reñaca, August 26 - 28, 2016, Chile.
26. Cortés, A.M., HD Espinosa, C Capella, O Fernández, M Mendoza, N Alamo, M Krause. 2016. Ponencia: Subjective change in psychotherapy from the perspective of adolescents, therapists and external observers. 47th Annual Meeting of the Society for Psychotherapy Research, June 2016, Jerusalem, Israel.
27. Cottin, M. y A. Behn. 2016. Relación entre tipos de Experiencias Adversas Tempranas y la recurrencia en el Trastorno Depresivo Mayor: Un análisis de Clases Latentes. Oral in Panel “Procesos de Cambio en Psicoterapia: Efectos de múltiples moderadores en un estudio de feedback a terapeutas. Implicancias para la clínica”, XIV Congreso Chileno de Psicoterapia y XII Congreso Chileno de Investigación en Psicoterapia. Reñaca, August 26 - 28, 2016, Chile.
28. Crempien, C., Grez, M., Valdés, C. & López, M.J. 2016. Ponencia oral: Socio-demographic, QoL and Clinical Features in Chilean Patients with Depression. 18th International Conference on Applied Psychology. Tokyo, Japan, May 25-26, 2016
29. Crempien, C., Grez, M., Valdés, C., López, M.J. 2016. Ponencia en panel: Impacto del uso del Diagnóstico Psicodinámico Operacionalizado (OPD) en la evolución clínica de pacientes con depresión. 14º Congreso Chileno de Psicoterapia y 12º Congreso Chileno de Investigación en Psicoterapia, August 26 - 28, 2016, Reñaca 2016
30. Davanzo , A. & Errázuriz, P. 2016. Edad, género e ingreso paciente - terapeuta: ¿Afecta la diferencia de estas variables al interior de la díada la percepción que el paciente tiene de la alianza terapéutica? Paper presented at the 14 Congreso Chileno de Psicoterapia & Congreso Chileno de Investigación en Psicoterapia, August 26 - 28, 2016, Reñaca, Chile.
31. De la Cerda, C. 2016. Funciones regulatorias de las de la función reflexiva durante el proceso psicoterapéutico. Cuarta Jornada Trastornos Severos de la Personalidad “Ánimo, Afectos y Trastornos Caracterológicos”, November 25 – 26, Valparaíso, Chile.

32. De la Cerda, C., Duarte, J., Morán, J., Martínez, C., Tomicic, A., & Pérez, C. 2016. Escenas mentalizadoras y no mentalizadoras: diferentes funciones reguladoras de la mentalización en la interacción psicoterapéutica. 14° Congreso Chileno de Psicoterapia 12° Congreso Chileno de Investigación en Psicoterapia, Reñaca, Chile. (August 26 - 28, 2016)
33. De la Cerda, C., Duarte, J., Morán, J., Martínez, C., Tomicic, A., & Pérez JC. 2016. Mentalizing or not mentalizing: Different functions for different scenarios. 21-25 June 2016. Paper en Panel, Society for Psychotherapy Research, 47th International Annual Meeting. Jerusalem.
34. De la Cerda, C., Duarte, J., Morán, J., Martínez, C., Tomicic, A., & Pérez JC. 2016. Aplicación de la Escala de Funcionamiento Reflexivo (EFR) a la psicoterapia: Estudio de la función regulatoria de la mentalización en la interacción paciente-terapeuta. (20-22 October 2016) Paper en Panel, XII Congresso Latino-Americano de Pesquisa em Psicoterapia SPR & IV Simpósio de Pesquisa do PPG Psicologia – UNISINOS. Porto Alegre, Brasil
35. De la Fuente, I., Harismendy, A., Gallardo, A.M., Dagnino, P., Gómez-Barris, E., Valdés, C., & de la Parra, G. 2016. Dimensiones de la experiencia depresiva y funcionamiento estructural: ¿qué hay a la base de la heterogeneidad de la depresión? Presentación oral en el 14° Congreso Chileno de Psicoterapia y 12° Congreso Chileno de Investigación en Psicoterapia August 26 - 28, 2016, Reñaca, Chile.
36. De la Parra G. 2016. Invited conference: Título de la Canción: de Estoril a San Joaquín: Psicoterapia en Instituciones, Límites y Alcances de la Indicación Adaptativa. 14° Congreso Chileno de Psicoterapia. 12° Congreso Chileno de Investigación en Psicoterapia. August 26 - 28, 2016, Reñaca, Chile
37. De la Parra, G. 2016. Personalidad y Depresión, un aporte desde la investigación a la clínica psicoterapéutica. Cuarta Jornada Trastornos Severos de la Personalidad “Ánimo, Afectos y Trastornos Caracterológicos”, November 25 – 26, 2016, Valparaíso, Chile.
38. Duarte, J., C Martínez y A Tomicic. 2016. La experiencia de los terapeutas sobre momentos de encuentro en psicoterapia: Dos olas que se encuentran en el mar. XII Congresso Latino-Americano de Pesquisa em Psicoterapia SPR yIV Simpósio de Pesquisa do PPG Psicologia - UNISINOS. Porto Alegre, Brasil. (October, 2016)
39. Echávarri, O. 2016. Discussant Panel: Instrumentos de feedback para mejorar la práctica psicoterapéutica. 14° Congreso Chileno de Psicoterapia y 12° Congreso Chileno de Investigación en Psicoterapia Letra y Música en Psicoterapia, August 26 - 28, 2016, Reñaca, Chile
40. Echávarri, O., T Szmulewicz, S Morales, J Barros, C Moya, MP Maino, R Fischman, C Núñez, & A García. 2016. Estudio exploratorio de la experiencia subjetiva de familias con un hijo (a) con intento de suicidio. En Simposio suicidio Talca, 5° jornada de psicología clínica y de la salud: suicidio y adolescencia. 3° Jornada internacional de trauma psíquico: trauma infantil y adolescente, una mirada comprensiva. Universidad de Talca, December 1 – 2, 2016.
41. Errázuriz, P. 2016. Impacto de proporcionar a terapeutas retroalimentación sobre el funcionamiento psicológico de los pacientes. Oral in Panel “Procesos de Cambio en Psicoterapia: Efectos de múltiples moderadores en un estudio de feedback a terapeutas. Implicancias para la clínica”, XIV Congreso Chileno de Psicoterapia y XII Congreso Chileno de Investigación en Psicoterapia. Reñaca, August 26 - 28, 2016, Chile.

42. Errázuriz, P., Fischer, C., & Behn, A. 2016. Active ingredients of change in Transference-Focused Psychotherapy that can improve psychotherapy for complex depression. Presented at 2016 International Psychoanalytic Association (IPA) Annual Research Training Programme. Instituto Universitario de Salud Mental, Asociación Psicoanalítica de Buenos Aires. (2016, June)
43. Escobar, M., D Iribarren y M Olhaberry. 2016. La influencia de la satisfacción marital y los niveles de estrés parental en la sensibilidad parental y su relación con el desarrollo infantil. XIV Congreso Chileno de Psicoterapia y XII Congreso Chileno de Investigación en Psicoterapia. Reñaca, August 26 - 28, 2016, Chile.
44. Fernandez, AM, Rivera, D., Muñoz-Reyes, JA, Pavez, P., Dufey, M. 2016. Human Mating and Attachment. International Association for Relationship Research Conference, July 20-24, 2016. Toronto, Ontario.
45. Fernández, O. y AM Cortés. 2016. Comprensión subjetiva del proceso de terminación en psicoterapia, desde de la perspectiva de adolescentes y sus terapeutas. Oral. XII Congresso Latino-Americano de Pesquisa em Psicoterapia - SPR-LA - IV Simpósio de Pesquisa do PPG, 20-22 October, 2016, Porto Alegre Brasil
46. Fernández, O., AM Cortés, M Mendoza, C Capella, N Alamo, L Núñez. 2016. Ponencia: Subjective understanding of psychotherapy termination process from the perspective of adolescents and their therapists. 47th Annual Meeting of the Society for Psychotherapy Research, June 2016, Jerusalem, Israel.
47. Fernández, O.M., Cortés, A.M., Mendoza, M., & Krause, M. 2016. Terminación de la Psicoterapia en Adolescentes: una mirada desde pacientes y terapeutas. XII Congresso Latino-Americano de Pesquisa em Psicoterapia - SPR-LA - IV Simpósio de Pesquisa do PPG, 20-22 October, 2016, Porto Alegre Brasil
48. Fernández, S., y P. Armas. 2016. Construcción de expectativas en psicoterapia infantil, desde la perspectiva de los participantes. Paper en panel Proceso psicoterapéutico infantil: relevando la mirada subjetiva de niños, padres y terapeutas. XII Congresso Latino-Americano de Pesquisa em Psicoterapia SPR. Porto Alegre, RS, Brasil, October, 20 – 22, 2016.
49. Fischersworing, M. y M. Krause. 2016. Tonalidades del bienestar y malestar subjetivo de los terapeutas: una revisión sistemática. Poster. XIV Congreso Chileno de Psicoterapia y XII Congreso Chileno de Investigación en Psicoterapia. Reñaca, August 26 - 28, 2016, Chile.
50. Foelsch, P, I Morales y N Valdés. 2016. Funcionamiento interpersonal de adolescentes con difusión de identidad: desarrollando su capacidad reflexiva y regulación afectiva durante el tratamiento. Oral in Panel “Tratamiento para la Identidad del Adolescente (IAT) como una Aproximación Integral de la Personalidad: desarrollando música coherente a partir de letras caóticas”, XIV Congreso Chileno de Psicoterapia y XII Congreso Chileno de Investigación en Psicoterapia. Reñaca, August 26 - 28, 2016, Chile.
51. Foelsch, P. y Morales, I. 2016. Desarrollando la capacidad reflexiva y regulación afectiva de adolescentes con difusión de identidad durante el tratamiento AIT. Oral in Panel Tratamiento para la Identidad del Adolescente (AIT): una aproximación integral de la personalidad. XII Congresso Latino-Americano de Pesquisa em Psicoterapia SPR. Porto Alegre, RS, Brasil, October, 20 – 22, 2016.

52. Foelsch, P.A. 2016. Therapist Characteristics to Facilitate Psychotherapy Process with Adolescents: An Example Using Adolescent Identity Treatment. XIV JORNADA APOIAR - Saúde mental e interdisciplinaridade - propostas e pesquisas. Universidade de São Paulo, São Paulo, Brasil. 2016, December 8.
53. Gallardo, AM, MP Santelices, C Sieverson, D Gómez, G Badilla. 2016. Estrés parental y mentalización en el contexto del juego. Oral in Panel “Parentalidad y Mentalización: Una mirada desde la salud mental materna”, XIV Congreso Chileno de Psicoterapia y XII Congreso Chileno de Investigación en Psicoterapia. Reñaca, August 26 - 28, 2016, Chile.
54. Gallardo, AM. y L. Núñez. 2016. Aportes a la comprensión de la psicoterapia con niños y sus familias: encuentros entre mentalización y alianza. Oral in Panel. XIV Congreso Chileno de Psicoterapia y XII Congreso Chileno de Investigación en Psicoterapia. Reñaca, August 26 - 28, 2016, Chile.
55. García R, Irrázaval, M., Moyano A., Riesle S., Prieto MF, Rattazzi A., Paula C.S., Garrido G., Montiel-Nava C., Valdez D., Rosoli A., Cukier S.H., Rodrigues da Cunha G., Rodriguez M., Besio V. 2016. Encuesta Latinoamericana sobre las Necesidades de los Cuidadores de Personas con Trastornos del Espectro Autista: Resultados de Chile. XXIII Congreso Anual De La Sociedad de Psiquiatría y Neurología de la Infancia y Adolescencia. November 16–19, 2016. Puerto Varas, Chile.
56. Gomez, C.; Capella, C. 2016. Ponencia: Cambio psicoterapéutico en niños, niñas y adolescentes que han sido víctimas de agresiones sexuales: Una revisión y propuesta teórica. 14° Congreso Chileno de Psicoterapia y 12° Congreso Chileno de Investigación en Psicoterapia de la SPR (Society for Psychotherapy Research), August 26 - 28, 2016, Reñaca, Chile.
57. Gómez, D. y MP Santelices. 2016. Influencia de variables de salud mental materna en la Mentalización parental. Oral in Panel “Parentalidad y Mentalización: Una mirada desde la salud mental materna”, XIV Congreso Chileno de Psicoterapia y XII Congreso Chileno de Investigación en Psicoterapia. Reñaca, August 26 - 28, 2016, Chile.
58. González, S. 2016. Mesa Redonda, “Los adultos mayores, desde la psicología y la neuropsicología”, Leyla Avello, Susana González y Ámbar Soto, XXI Congreso Nacional de Psicología Clínica “Psicología y Neurociencias Hoy”, 3 - 5 november 2016, Santiago, Chile.
59. Guzmán, M., Martínez, C., Tomicic, A., San Martín, D., Angulo, S., Rosenbaum, C. 2016. Regulatory functions of nonverbal and para-verbal cues: A case study. 47th International Annual Meeting of the Society for Psychotherapy Research, Jerusalem, Israel. (June, 2016)
60. Guzmán, M., Rivera, D., Garrido, L., Contreras, P. 2016. Romantic attachment and psychological adjustment to divorce and separation: The mediating role of forgiveness in a sample of Chilean adults. International Association for Relationship Research Conference, July 20-24, 2016. Toronto, Ontario.
61. Guzmán, M., Tomicic, A., Martínez, C. 2016. Listening to silence: Therapists' and patients' perspectives of silence as regulatory function in psychotherapy process. 47th International Annual Meeting of the Society for Psychotherapy Research, Jerusalem, Israel. (June, 2016)
62. Hernández, C y Rivera, D. 2016. “Desconectados: el impacto de las tecnologías de la información y la comunicación en las interacciones familiares”. 14° Congreso Chileno de Psicoterapia 12° Congreso de Investigación en Psicoterapia “Letra y Música en Psicoterapia”, Viña del Mar, Chile. August 26 - 28, 2016

63. Hernández, C., Y Quevedo, D Gómez, CG Díaz, N Valdés. 2016. En sesión no todo es mentalización: análisis cualitativo de los episodios de mentalización al interior de la terapia de adolescentes diagnosticados con difusión de identidad. Oral in Panel “Tratamiento para la Identidad del Adolescente (IAT) como una Aproximación Integral de la Personalidad: desarrollando música coherente a partir de letras caóticas”, XIV Congreso Chileno de Psicoterapia y XII Congreso Chileno de Investigación en Psicoterapia. Reñaca, August 26 - 28, 2016, Chile.
64. Herrera, L. 2016. “Chilean population(s). Challenges in investigating genetic of mental health en Simposio “Genes, Brain and Behavior: Novel Concepts and Methods for the Exploration of the Nervous System”. Organizado por The David Rockefeller Center for Latin American Studies (DRCLAS) at Harvard University and University of Chile. 01/04/2016. Casa Central Universidad de Chile, Santiago Chile.
65. Irarrázaval M. 2016. Intervenciones Tempranas y Prevención en Salud Mental: Una Perspectiva Internacional. Simposio Salud Mental Global: Perspectivas Socioculturales y Éticas. 11–12 January, 2016. Facultad de Medicina, Universidad de Chile. Santiago, Chile.
66. Irarrázaval, M. 2016. Chair Symposium Promoting Resilience in Latin America: Mental Health Research Initiatives in Chile. 22nd International Association for Child & Adolescent Psychiatry and Allied Professions World Congress. 36th Annual Conference for the Canadian Academy of Child and Adolescent Psychiatry. September 18-22, 2016 Calgary, Alberta, Canada.
67. Irarrázaval, M. 2016. Panelista en Session “Alternative/International Career Paths”. Epidemiology Congress of the Americas. 20-24 June, 2016, Miami, Florida, USA.
68. Irarrázaval, M. y F. Prieto. 2016. Poster “Feasibility, Acceptability, and Preliminary Results of the “Familia Activa” Preventive Intervention for Depression”. 63rd Annual Meeting American Academy of Child and Adolescent Psychiatry (AACAP). October 24-29, New York, USA.
69. Irarrázaval, M., F. Prieto, y V. De Angel. 2016. A Pilot Randomized Controlled Trial of a Preventive Intervention Program for Depression in Chilean Families. Poster. 22nd International Association for Child & Adolescent Psychiatry and Allied Professions World Congress. 36th Annual Conference for the Canadian Academy of Child and Adolescent Psychiatry. September 18-22, 2016 Calgary, Alberta, Canada
70. Jiménez, J.P, Dagnino, P., & de la Parra, G. 2016. Alternando Trabajo en el conflicto y en la estructura. Taller realizado en el 14º Congreso Chileno de Psicoterapia y 12º Congreso Chileno de Investigación en Psicoterapia. August 26 - 28, 2016, Reñaca, Chile.
71. Jiménez, JP. 2016. Invited conference: La Psicoterapia Psicoanalítica Focal Hoy. 14º Congreso Chileno de Psicoterapia 12º Congreso Chileno de Investigación en Psicoterapia, August 26 - 28, 2016, Reñaca, Chile.
72. Jiménez, JP. 2016. El legado de Kandel: diálogo entre las neurociencias genéticas y la psicoterapia. Oral in Panel “Neurociencia Genética e Investigación en Psicoterapia: Notas para un diálogo emergente”, XIV Congreso Chileno de Psicoterapia y XII Congreso Chileno de Investigación en Psicoterapia. Reñaca, August 26 - 28, 2016, Chile.
73. Krause, M. 2016. Investigación del Proceso Psicoterapéutico. Aportes Latinoamericanos en el Contexto de su Desarrollo Mundial. XII Congresso Latino-Americano de Pesquisa em Psicoterapia – SPR-LA. IV Simpósio de Pesquisa do PPG Psicologia – UNISINOS. Porto Alegre, Brazil. (20-22 October 2016).

74. Lagos J, Hirata RD, Hirata MH, Salazar LA. 2016. Evaluation of epigenetic mechanisms in THP-1 cells treated with statins. 8th Santorini Conference: Santorini, Greece, 3–5 October 2016 (Abstract published in *Clinical Chemistry and Laboratory Medicine* 54(11):eA542, October 2016).
75. Lama, X; Capella, C.; Rodríguez, L.; Beiza, G. 2016. Ponencia: Re-escribiendo la narrativa: cartas de adolescentes que han sido víctimas de agresiones sexuales sobre superación y psicoterapia. 14° Congreso Chileno de Psicoterapia y 12° Congreso Chileno de Investigación en Psicoterapia de la SPR (Society for Psychotherapy Research), August 26 - 28, 2016, Reñaca, Chile.
76. Lanas F, Ruedlinger J, Saavedra N, Bobadilla B, Potthoff M, Pérez L, Salazar LA. 2016. Differential DNA methylation in coronary artery restenosis after angioplasty. American Heart Association's 2016 Scientific Sessions and Resuscitation Science Symposium, New Orleans, USA, November 12-16, 2016 (Abstract published in *Circulation* 134(1):A18251, November 2016).
77. Lanas F, Ruedlinger J, Saavedra N, Bobadilla B, Potthoff M, Pérez L, Salazar LA. 2016. Polymorphisms within genes encoding proteins related to inflammation and vascular remodeling in Chilean subjects with coronary instant restenosis. Congreso Europeo de Cardiología, Roma, Italia, August 27 – 31, 2016 (Abstract published in *European Heart Journal* 37(1):671-672, August 2016).
78. Langer, A.I. 2016. Mindfulness and severe mental disorders. Presentation in a Panel presented at 14° Congreso Chile de Psicoterapia & 12° Congreso Chileno de Investigación en Psicoterapia [14° Chilean Conference of Psychotherapy & 12ª Chilean Conference of Psychotherapy Research]. Reñaca, Chile. (August 26 - 28, 2016)
79. Larraguibel M, Montt ME, Fernández O, Aldunate C, Pi Davanzo M, Halpern M. 2016. Acceptability and Efficacy of the resilience promotion program “VOLANTIN” (Kite): a community mental health intervention. Presentado en 22nd International Association for Child & Adolescent Psychiatry and Allied Professions World Congress, 36th Annual Conference for the Canadian Academy of Child and Adolescent Psychiatry. Realizado en Calgary, Alberta, Canada, September 18 – 22, 2016.
80. Lavados, K., & Fernández, O.M 2016. “Calidad de Vida en Adultos Jóvenes que fueron hospitalizados y diagnosticados con Trastorno Afectivo Bipolar durante su Adolescencia” XXXIV Congreso Anual de la Soc. Psiquiatría y neurología de la Infancia y de la Adolescencia, Puerto Varas, Chile, November 16 – 18, 2016.
81. Lee, M. R., Marshall, C. L., McDowall, Y. E., Vergés, A., Steinley, D. L., & Sher, K. J. 2016. Developmental variability in problem drinking desistance patterns: Is young adulthood a unique period for desistance from severe drinking pathology? 39th Annual Scientific Meeting of the Research Society on Alcoholism. New Orleans, LA.
82. Leighton, C. 2016. Interacción entre ambiente y variantes genéticas para predecir sintomatología depresiva: más allá del modelo de vulnerabilidad al estrés. Oral in Panel “Neurociencia Genética e Investigación en Psicoterapia: Notas para un diálogo emergente”, XIV Congreso Chileno de Psicoterapia y XII Congreso Chileno de Investigación en Psicoterapia. Reñaca, August 26 - 28, 2016, Chile.
83. León, MJ y M Olhaberry. 2016. Análisis de la función reflexiva parental (FRP) en padres y madres con niños con dificultades en su desarrollo socio-emocional. XIV Congreso Chileno de Psicoterapia y XII Congreso Chileno de Investigación en Psicoterapia. Reñaca, August 26 - 28, 2016, Chile.

84. León, MJ y M Olhaberry. 2016. Poster Title: Influence of the quality of the triadic interaction mother-father-child between parental depressive symptoms and child social-emotional development. 15th WAIMH Congress May 29 – June 2, 2016. Praga, Czech Republic.
85. Maino, MP, S Morales, O Echávarri, J Barros, A García, C Moya, R Fischman, C Núñez, & T Szmulewicz. 2016. “Identificación de factores protectores y de riesgo que distinguen a consultantes con conducta suicida usando regresión tipo LASSO”. Presentación en panel suicidio en 14° Congreso Chileno de Psicoterapia y 12° Congreso Chileno de Investigación en Psicoterapia Letra y Música en Psicoterapia, August 26 - 28, 2016, Reñaca, Chile.
86. Martínez P, Magaña I, Loyola M-S. 2016. Modelo de atención integral de salud familiar y comunitaria en la atención primaria de salud e inequidades de género en salud: El rol de los cuidados informales en Chile. Presentación Póster en XXIV Jornadas de Jóvenes Investigadores de la Asociación de Universidades Grupo Montevideo (AUGM), 24 October, 2016. Sao Paulo, Brasil.
87. Martínez, C. 2016. Análisis de los sujetos discursivos y su relación con los procesos regulatorios. Cuarta Jornada Trastornos Severos de la Personalidad “Ánimo, Afectos y Trastornos Caracterológicos”, November 25 – 26, 2016, Valparaíso, Chile.
88. Martínez, C. 2016. Invited conference: Regulación Mutua: Ver para creer. 14° Congreso Chileno de Psicoterapia 12° Congreso Chileno de Investigación en Psicoterapia, August 26 - 28, 2016, Reñaca, Chile.
89. Martínez, C., A Tomicic, J Rodríguez, F Leyton, F Aguayo y C Rosembaun. 2016. El trauma nuestro de cada día: Construcción subjetiva del suicidio en jóvenes trans. XII Congresso Latino-Americano de Pesquisa em Psicoterapia SPR yIV Simpósio de Pesquisa do PPG Psicologia -UNISINOS. Porto Alegre, Brasil. (October, 2016)
90. Martínez, C., Tomicic, A., & Pérez C. 2016. Voces discursivas y procesos regulatorios de la psicoterapia. 14° Congreso Chileno de Psicoterapia 12° Congreso Chileno de Investigación en Psicoterapia, Reñaca, Chile. (August 26 - 28, 2016).
91. Martínez, C., Tomicic, A., & Pérez JC. 2016. El Modelo de Posicionamiento Discursivo (MDP): Una aproximación a los Procesos de Regulación y Reorganización Dialógica en el Proceso Psicoterapéutico (20-22 October 2016). Paper en Panel, XII Congresso Latino-Americano de Pesquisa em Psicoterapia SPR & IV Simpósio de Pesquisa do PPG Psicologia –UNISINOS, Porto Alegre, Brasil
92. Martínez, C., Tomicic, A., & Pérez, C., 2016. Discursive voices and regulatory process in Psychotherapy. (21-25 June 2016). Paper en Panel, Society for Psychotherapy Research, 47th International Annual Meeting. Jerusalem.
93. Martínez, F., Eyheramendy, S. 2016. Genetic Structure of the Chilean Population. American Association of Physical Anthropologists Meeting & Paleoanthropology Society Meeting, (14/04/16) Atlanta, USA.
94. Martínez, V. 2016. Invited conference “Investigación en adolescentes con depresión en APS”, en Jornada Depresión en la Atención Primaria: Evidencia de Investigaciones Nacionales, Universidad de Talca, Talca. April 13, 2016.
95. Martínez, V. 2016. Invited conference “¿Cómo detectar adolescentes con riesgo suicida?”, V Congreso Chileno de Adolescencia "Construyendo redes", Rama de Adolescencia de SOCHIPE, Santiago. September 2, 2016.

96. Martínez, V. 2016. Invited conference. 3ra Jornada Internacional de Trauma Psíquico “Trauma Infantil y Adolescente: una mirada comprensiva” y la 5ta Jornada de Psicología Clínica y de la Salud “Suicidio y adolescencia”, organizado por la ACET (Asociación Chilena de Estrés Traumático) y Universidad de Talca, Chile, December, 1 -2, 2016.
97. Martínez, V. 2016. Invited conference “Telepsiquiatría para mejorar el manejo de la depresión en adolescentes en centros de atención primaria de salud de la región de La Araucanía” Primera Jornada de Investigación y Políticas Públicas en Salud Mental, organizada por la Subsecretaría de Salud Pública del MINSAL. Santiago. November 24, 2016.
98. Martínez, V., G Rojas, Ricardo Araya, Pablo Martinez, Pedro Zitko, Paulina Larrondo, Paul Vöhringer. 2016. Dealing with automatic negative thoughts: efficacy of a computer-assisted cognitive behavioural therapy in adolescents in Chile. 11th International Conference on Child and Adolescent Psychopathology (ICCAP-11) at Roehampton University, London. July 18-20, 2016.
99. Martínez, V., Graciela Rojas, Pablo Martínez, Paulina Larrondo, Pedro Zitko, Paul Vöhringer, Ricardo Araya. 2016. Terapia cognitivo conductual apoyada por el computador para sintomatología depresiva en adolescentes. XXXIV Congreso SOPNIA. Puerto Varas. November 16, 2016.
100. Martínez, V., Graciela Rojas, Ricardo Araya, Pablo Martinez, Pedro Zitko, Paulina Larrondo, Paul Vöhringer. 2016. Computer-assisted cognitive behavioural therapy for symptoms of depression in adolescents in Chile. 11th International Conference on Child and Adolescent Psychopathology (ICCAP-11) at Roehampton University, London. July 18-20, 2016.
101. Medeiros S, Crempien C, Langer A, Duarte J, Andreu C, Vasquez A, Ibaceta M, Silva J, Cosmelli D. 2016. Mindfulness and Personality: articulating first and third person perspectives. Presentación poster en International Symposium of Contemplative Studies - Mind&Life institute. 2016. San Diego, CA, USA.
102. Medeiros S. 2016. “Aplicaciones Clínicas de las Intervenciones basadas en Mindfulness” Presentación en Jornadas del Elqui - Universidad de la Serena. September 2016. Coquimbo
103. Medeiros S. 2016. “Relational Trauma from a Buddhist perspective”, Panel Congreso International Association for Relational Psychotherapy and Psychoanalysis (IARPP). June 2016. Roma
104. Medeiros, S & Crempien, C. 2016. Ponencia en panel: Mindfulness y Personalidad: articulando primera y tercera persona en el estudio de procesos mente-cuerpo. 14° Congreso Chileno de Psicoterapia y 12° Congreso Chileno de Investigación en Psicoterapia 26-28 August, 2016. Reñaca
105. Mellado, A. 2016. Sistemas complejos en la relación terapéutica y resultados: una perspectiva en constante re-organización. Oral in Panel. XIV Congreso Chileno de Psicoterapia y XII Congreso Chileno de Investigación en Psicoterapia. Reñaca, 26 al 28 de Agosto, Chile.
106. Mendoza, M., C Capella, AM Cortés, O Fernández. 2016. Ponencia: Relación terapéutica y cambio psicoterapéutico desde la experiencia subjetiva de adolescentes y sus terapeutas. 14° Congreso Chileno de Psicoterapia y 12° Congreso Chileno de Investigación en Psicoterapia de la SPR (Society for Psychotherapy Research), August 26 - 28, 2016, Reñaca, Chile.

107. Morales, S., C Moya, O Echávarri, J Barros, MP Maino, R Fischman, C Núñez, T Szmulewicz & A García. 2016. Evaluación de riesgo suicida e intervención en crisis. En Simposio suicidio Coyhaique Prevenir el suicidio es tarea de todos. Coyhaique, December 1- 2, 2016.
108. Morales, S., O Echávarri, J Barros, C Moya, MP Maino, R Fischman, C Núñez, T Szmulewicz & A García. 2016. Evaluación de riesgo suicida e intervención en crisis. En Simposio suicidio Talca, 5° jornada de psicología clínica y de la salud: suicidio y adolescencia. 3° Jornada internacional de trauma psíquico: trauma infantil y adolescente, una mirada comprensiva. Universidad de Talca, December 1 – 2, 2016.
109. Morales, S., O Echávarri, J Barros, R Fischman, C Moya, MP Maino, C Núñez, T Sczmullewicz y A García. 2016. 47th ANNUAL MEETING OF THE SOCIETY FOR PSYCHOTHERAPY RESEARCH SPR (22-25 junio 2016) Paper in Panel Relational Factors in Suicide: “Reasons for living and suicide risk: A study with Chilean consulting sample”. Jerusalem, June 22-25, 2016.
110. Morán, J., C de la Cerda, J Duarte, C Martínez y A Tomicic. 2016. Expresión dimensional de la Mentalización en Psicoterapia: Función regulatoria durante Episodios de Ruptura de la Alianza Terapéutica. XII Congresso Latino-Americano de Pesquisa em Psicoterapia SPR yIV Simpósio de Pesquisa do PPG Psicologia -UNISINOS. Porto Alegre, Brasil. (October, 2016).
111. Núñez, L., C Capella, N Alamo, C Altimir, M Krause. 2016. Ponencia: Qué relevan los niños de la relación con sus terapeutas: implicancias clínicas de su vivencia subjetiva. XII Congreso Latinoamericano de Investigación en Psicoterapia SPR (Society for Psychotherapy Research), 20 - 22 October, Porto Alegre, Brasil.
112. Nuñez, L.; Capella, C.; Aguila, D.; Fuentes, S.; Vasquez, V.; Espeleta, M. 2016. Ponencia: Adolescentes víctimas de agresión sexual que desertan de la psicoterapia: La mirada de sus terapeutas. XII Congreso Latinoamericano de Investigación en Psicoterapia SPR (Society for Psychotherapy Research), 20 - 22 October, Porto Alegre, Brasil.
113. Olhaberry M. 2016. “Trauma y Apego: Intervención con Video-feedback en triadas madre-padre-infante con problemas en el desarrollo socio-emocional infantil” en Seminario: Ángeles y Demonios de la infancia: lidiando con la desorganización traumática del apego. Organizado por la Fundación América por la Infancia, November 12, 2016, Universidad Los Andes, Santiago, Chile.
114. Olhaberry, M. 2016. A video-feedback intervention for mother-father-infant triads with infants with socio-emotional problems. Oral Presentation en Symposium: Early infancy studies and intervention results in Latin-American countries. 15th WAIMH Congress May 29 – June 2, 2016. Praga, Czech Republic.
115. Olhaberry, M., M Escobar, D Iribarren, MJ León, I Morales-Reyes, C Sieverson, M Seguel, J Zapata, C Mena. 2016. Panel: Desde la diada a la triada: Intervenciones en Primera Infancia desarrolladas en Chile. XII Congresso Latino-Americano de Pesquisa em Psicoterapia SPR-LA IV Simpósio de Pesquisa do PPG Psicologia –UNISINOS: Interações Terapêuticas, 20 - 22 October. Puerto Alegre, Brasil.
116. Olhaberry, M., M.J. León, M. Escobar, D. Iribarren, I. Morales. 2016. Intervención con Video-feedback en triadas madre-padre-infante con problemas en el desarrollo socio-emocional infantil. XIV Congreso Chileno de Psicoterapia y XII Congreso Chileno de Investigación en Psicoterapia. Reñaca, August 26 - 28. Viña del Mar, Chile.

- 117.Olhaberry, M., MJ León, M Seguel, M Romero, M Escobar, D Iribarren, I Morales. 2016. Intervención con Video-feedback en triadas madre-padre-infante con problemas en el desarrollo socio-emocional infantil. En Simposio: Intervenciones con video-feedback en diadas y triadas chilenas: sensibilidad, función reflexiva y representaciones parentales. IV Congreso Internacional Red Iberoameriaca de Apego RIA, Teoría del Apego: Práctica e Investigación y sus aportes al Desarrollo Humano, Bogotá, Colombia, March 16 – 18, 2016.
- 118.Olivari, C. 2016. Round table: Análisis del caso de "El empapado Riquelme", de la Novela de Francisco Mouatt. With : Dr, Alfredo Canevaro invitado internacional y Ps.Germán Morales. Primeras Jornadas Clínicas Sistémicas PUC: Procesos de duelo desde la perspectiva sistémica en niñas, niños, adolescentes y sus familias. July 8 – 9, 2016, Santiago, Chile.
- 119.Olivari, C. 2016. Primeras Jornadas Clínicas Sistémicas PUC: Procesos de duelo desde la perspectiva sistémica en niñas, niños, adolescentes y sus familias. July 8 – 9, 2016, Santiago, Chile.
- 120.Olivari, C. 2016. “Procesos de duelo: consideraciones al intervenir. Un proceso relacional”. Primeras Jornadas Clínicas Sistémicas PUC: Procesos de duelo desde la perspectiva sistémica en niñas, niños, adolescentes y sus familias. July 8 – 9, 2016, Santiago, Chile.
- 121.Orellana, G., N Valdés, P Foelsch, F Rogers. 2016. Indicadores de resultado terapéutico en tres adolescentes diagnosticados con difusión de identidad tratados con el modelo AIT: Estudio longitudinal. Poster. XIV Congreso Chileno de Psicoterapia y XII Congreso Chileno de Investigación en Psicoterapia. Reñaca, August 26 – 28, Chile.
- 122.Ortiz, M. 2016. Creación y validación de un instrumento culturalmente pertinente para medir las creencias sobre los médicos. XVI Congreso Mexicano de Psicología Social. September 7 – 9, Villahermosa, Tabasco, México.
- 123.Ortiz, M. 2016. Creencias culturales sobre psicoterapia y su impacto en la intención de adherir. II Congreso Latinoamericano para el Avance de la Ciencia Psicológica. 12 - 15 October. Buenos Aires, Argentina.
- 124.Ortiz, M. 2016. Factores que influyen en las conductas de cuidado de la salud: Un estudio multifactorial. XVI Congreso Mexicano de Psicología Social. September 7 – 9, Villahermosa, Tabasco, México.
- 125.Ortiz, M. 2016. Invited conference “Ansiedad, depresión y estrés en el embarazo: Efectos en la madre y en el lactante”. Segundas Jornadas de Epidemiología Cardiovascular y Nutricional”. 28 October, Temuco, Chile.
- 126.Ortiz, M. 2016. Invited conference “Estrés psicológico y enfermedades crónicas: Estudio científico de cómo el estrés se introduce bajo la piel”. XI Congreso Chileno de Psicología. 19 - 21 October, 2016, Santiago, Chile.
- 127.Ortiz, M. 2016. Predictores psicosociales de síndrome metabólico en adultos Chilenos. Simposio Determinantes psicosociales de comportamientos y resultados en salud. III Congreso de la Sociedad Científica de Psicología (SCP). March 16 - 18, 2016. Pucón, Chile.
- 128.Ortiz, M. 2016. Psychosocial predictors of metabolic syndrome in a sample of Chilean adult. En Simposio Psychosocial factors related to health outcomes in a developing country. International Conference of Behavioral Medicine - ICBM2016, 7 – 10 December, 2016, Melbourne, Australia.

- 129.Ortiz, M. 2016. Predictores Psicosociales del Síndrome Metabólico y sus mecanismos explicativos. VI Congreso Regional de la Sociedad Interamericana de Psicología (SIP). June 14 – 17, 2016, Rosario, Argentina.
- 130.Pérez, F. 2016. Evaluación de la depresión postparto paterna Presentado en XXXIV CONGRESO ANUAL SOPNIA 2016
- 131.Pérez, J.C, Hidalgo, C.G., Astudillo, J., Pérez, D., & Valdés, C. 2016. Does maternal depression impact on the views of family functioning of adolescents and their mothers? Paper in Panel at XV Biennial Meeting European Association for Research on Adolescence. Lo Barrosa, Andalucía, España. September 16-19, 2016.
- 132.Pérez, J.C., Pérez, D., Astudillo, J., & Valdés, C, 2016. Convergence on the views of family functioning of adolescents and their mothers and their relationship with adolescent adjustment: Considerations of adolescent's sex and age. Poster at XV Biennial Meeting European Association for Research on Adolescence. Lo Barrosa, Andalucía, España. September 16-19, 2016.
- 133.Pérez, JC., D Pérez, J. Astudillo, CG Hidalgo. 2016. Síntomas depresivos en las madres y sus hijos adolescentes: ¿se influyen mutuamente? Paper en Panel. 14º Congreso Chileno de Psicoterapia 12º Congreso Chileno de Investigación en Psicoterapia, August 26 – 28, 2016. Reñaca, Chile.
- 134.Quevedo, Y. 2016. Nivel de mentalización y cambios epigenéticos en psicoterapia de adolescentes con trastorno de personalidad límite. Oral in Panel “Neurociencia Genética e Investigación en Psicoterapia: Notas para un diálogo emergente”, XIV Congreso Chileno de Psicoterapia y XII Congreso Chileno de Investigación en Psicoterapia. August 26 – 28, 2016. Reñaca, Chile.
- 135.Quevedo, Y., C Hernández, D Gómez, CG Díaz. 2016. Episodios de mentalización al interior de las sesiones terapéuticas de adolescentes diagnosticados con difusión de identidad: un análisis cualitativo. Oral in Panel Tratamiento para la Identidad del Adolescente (AIT): una aproximación integral de la personalidad. XII Congresso Latino-Americano de Pesquisa em Psicoterapia SPR. Porto Alegre, RS, Brasil. October 20 – 22, 2016.
- 136.Rattazzi, A., C. S. Paula, R. A. Garcia, G. Garrido, C. Montiel-Nava, D. Valdez, A. Rosoli, S. H. Cukier, G. Rodrigues da Cunha, M. Irrázaval, M. Rodriguez and V. Besio. 2016. Implementation of the Latin American Autism Spectrum Network Caregiver Needs Survey. The International Society for Autism Research (INSAR) Annual Meeting. May 11-14, 2016. Baltimore, Maryland, USA.
- 137.Rivera, D. 2016. “Integración de la Teoría del Apego y la Neurociencia en la Terapia de Pareja”. Invited conference, XXI Congreso Nacional de Psicología Clínica “Psicología y Neurociencias Hoy”, November 3 – 5, 2016, Santiago, Chile.
- 138.Rivera, D. 2016. El rol del Apego y de las Tácticas de Retención de pareja en el ejercicio del Control Coercitivo en Parejas Heterosexuales. Congreso de Psicología del Consorcio de Universidades del Estado de Chile (CUECH), 19-21 de October, Santiago de Chile.
- 139.Rivera, D. 2016. Mesa Redonda: “Neurociencias y el quehacer del psicólogo”. Expositores: Jaime Silva, Diana Rivera y Roberto Aristegui, XXI Congreso Nacional de Psicología Clínica “Psicología y Neurociencias Hoy”, November 3 – 5, 2016, Santiago, Chile.
- 140.Rivera, D., Guzmán, M., Calderón, C., Garrido, L., Contreras, P. 2016. Chilean Adaptation and Validation of the Fisher Divorce Adjustment Scale. International Association for Relationship Research Conference, July 20-24, 2016. Toronto, Ontario.

141. Rocha Rodríguez, V., Madrid, T, Tapia y C Miranda. 2016. Poster: Cuidadores familiares de personas con demencia: pensamientos disfuncionales del cuidado y su relación con la salud mental. XI Congreso Chileno De Psicología, 20/10/2016, Santiago, Chile.
142. Rodríguez, L.; Capella, C.; Lama, X.; Águila, D.; Núñez, L.; Azocar, E.; Dussert, D; Gómez, C.; Espeleta, M.; Vasquez, V.; Fuentes, S. 2016. Ponencia: Narrativas de cambio durante la psicoterapia: aproximación a los dibujos de niños, niñas y adolescentes que han sido víctimas de agresiones sexuales. 14° Congreso Chileno de Psicoterapia y 12° Congreso Chileno de Investigación en Psicoterapia de la SPR (Society for Psychotherapy Research), August 26 - 28, 2016, Reñaca, Chile.
143. Romero, M. y M. Olhaberry. 2016. La subjetividad materna y las necesidades del bebé en la comprensión de la construcción de la representación materna y la vinculación temprana: Estudio de caso en dos madres con depresión perinatal. En Simposio: Intervenciones con video-feedback en diadas y triadas chilenas: sensibilidad, función reflexiva y representaciones parentales. IV Congreso Internacional Red Iberoamericana de Apego RIA, Teoría del Apego: Práctica e Investigación y sus aportes al Desarrollo Humano, Bogotá, Colombia, March 16 al 18, 2016.
144. Ruedlinger J, Prado Y, Bobadilla B, Potthoff M, Pérez L, Zambrano T, Lanas F, Salazar LA. 2016. Cytochrome P450 2 C19 polymorphism does not contribute to in-stent restenosis in Chilean patients who underwent percutaneous coronary intervention receiving clopidogrel. 8th Santorini Conference: Santorini, Greece, 3–5 October 2016 (Abstract publicado en Clinical Chemistry and Laboratory Medicine 54(11):eA542, October 2016).
145. San Martín, D., A. Tomicic, C. Martínez. 2016. Función regulatoria de los movimientos corporales en la interacción psicoterapéutica. Poster. XIV Congreso Chileno de Psicoterapia y XII Congreso Chileno de Investigación en Psicoterapia. August 26 - 28, 2016, Reñaca, Chile.
146. San Martín, D., A. Tomicic, C. Martínez. 2016. Función regulatoria de los movimientos corporales en la interacción psicoterapéutica: una revisión sistemática. Poster. XII Congresso Latino-Americano de Pesquisa em Psicoterapia SPR. Porto Alegre, RS, Brasil. October 20 – 22, 2016.
147. Sandoval, María Loreto y Vania Martínez N. 2016. Eficacia de una terapia cognitivo conductual apoyada por el computador en la disminución de ideación suicida de adolescentes con depresión en centros de atención primaria de salud. XXXIV Congreso SOPNIA. Puerto Varas. November 16, 2016.
148. Santelices, MP. 2016. Parentalidad y apego: La importancia de la sensibilidad y la mentalización en la primera infancia. . IV Congreso Red Iberoamericana de Apego, Bogotá, Colombia. 14/03/2016 – 17/03/2016
149. Schmidt, C., Barrientos, M., & Langer, A.I. 2016. Mindfulness para la reducción de la ansiedad en estudiantes universitarios: un análisis de los mecanismos de cambio involucrados [Mindfulness for reducing anxiety in university students: An analysis of the mechanisms of change]. Poster presented at 14° Congreso Chile de Psicoterapia & 12° Congreso Chileno de Investigación en Psicoterapia. Reñaca, Chile. August, 2016
150. Seguel, M. y Olhaberry, M. 2016. Cambio en las Representaciones Parentales desde la perspectiva subjetiva de padres, madres y terapeutas tras una intervención temprana dirigida a la triada Madre, Padre e Hijo/a con el uso del Video feedback. En Simposio: Intervenciones con video-feedback en diadas y triadas chilenas: sensibilidad, función reflexiva y representaciones parentales. IV Congreso Internacional Red

- Iberoamerica de Apego RIA, Teoría del Apego: Práctica e Investigación y sus aportes al Desarrollo Humano, Bogotá, Colombia, March 16 – 18, 2016.
151. Sieverson, C. y MP Santelices. 2016. Resultados preliminares del efecto de una intervención grupal con video-feedback en la mentalización de madres de preescolares. Oral in Panel “Parentalidad y Mentalización: Una mirada desde la salud mental materna”, XIV Congreso Chileno de Psicoterapia y XII Congreso Chileno de Investigación en Psicoterapia. August 26 - 28 Reñaca, Chile.
 152. Silva, J. 2016. “Psicoterapia y neurociencia una relación conflictiva pero aún promisorio”. Invited conference, XXI Congreso Nacional de Psicología Clínica “Psicología y Neurociencias Hoy”, November 3 – 5, 2016, Santiago, Chile.
 153. Steinebach, P.J ; Schulte, V.; Krause, M., Langer, Á., Pérez, J. Carola., Steinebach, C. 2016. Mindfulness-based Depression prevention in children and youth. Connecting practice in Chile and Switzerland. Paper presentado en el 31st International Congress of Psychology. Yokohama, Japón. July 24 – 29, 2016
 154. Tapia, T., M Madrid y C Miranda. 2016. Poster: Implementación y aplicación piloto de un programa psicoeducativo basado en la evidencia en un grupo de cuidadores familiares de personas con demencia: resultados preliminares. 19/08/2016 XXI Congreso de Geriatria y Gerontología de Chile, Santiago, Chile.
 155. Tomicic, A. 2016. El proceso regulatorio encarnado en la prosodia del habla. Cuarta Jornada Trastornos Severos de la Personalidad “Ánimo, Afectos y Trastornos Caracterológicos”, November 25 – 26, 2016, Valparaíso, Chile.
 156. Tomicic, A. 2016. Investigación en Psicoterapia: Evidencia para la Práctica. Universidad de Concepción, Facultad de Medicina, Departamento de Psiquiatria y Salud Mental, Concepción, Chile. March, 2016.
 157. Tomicic, A., C Martínez, F Aguayo, F Leyton, C Rosembaum, C Gálvez, J Rodríguez, I Lagazzi. 2016. Suicidio: Relatos de vida jóvenes gay y lesbianas sobrevivientes de un proceso suicida. XII Congresso Latino-Americano de Pesquisa em Psicoterapia SPR yIV Simpósio de Pesquisa do PPG Psicologia -UNISINOS. Porto Alegre, Brasil. October, 2016.
 158. Tomicic, A., C Martínez, F Aguayo, F Leyton, C Rosenbaum, C Gálvez, J Rodríguez. 2016. Si yo no hubiese sido homosexual: Construcción subjetiva del proceso de suicidio en jóvenes gay y lesbianas. Oral in Panel “Salud Mental en la Adolescencia: Cuando la canción se toca con acordes menores”, XIV Congreso Chileno de Psicoterapia y XII Congreso Chileno de Investigación en Psicoterapia. August 26 - 28 Reñaca, Chile.
 159. Tomicic, A., Guzmán, M., San Martín, D., Martínez, C., & Pérez, C. 2016. The Psychotherapeutic Regulatory Process Embodied in the Prosody of the Speech. 47th International Annual Meeting of the Society for Psychotherapy Research, Jerusalem, Israel. June 22 – 25, 2016.
 160. Tomicic, A., M Guzmán, D San Martín, C Martínez. 2016. La regulación interactiva encarnada en la prosodia del habla: Sistema de Codificación de Patrones de Calidad Vocal (PCV) en Psicoterapia. XII Congresso Latino-Americano de Pesquisa em Psicoterapia SPR y IV Simpósio de Pesquisa do PPG Psicologia -UNISINOS. Porto Alegre, Brasil. October 2016.

161. Tomicic, A., Martínez, C., Aguayo, F., Leyton, F., Rosenbaum, C., Rodríguez, J., Galvez, C & Lagazzi, I 2016. Adolescence and Suicide: Subjective Construction of Suicide Process in Young Gay and Lesbian People. 47th International Annual Meeting of the Society for Psychotherapy Research, Jerusalem, Israel. June 22 – 25, 2016.
162. Tomicic, A., Martínez, C., Pérez, C., Guzmán, M & San Martín, D. 2016. El proceso de regulación psicoterapéutico encarnado en la melodía del habla. 14° Congreso Chileno de Psicoterapia 12° Congreso Chileno de Investigación en Psicoterapia, August 26 - 28 Reñaca, Chile.
163. Valdés, N., A Borzutzky, K Goth, R Zimmerman. 2016. Cuestionario para evaluar el Desarrollo de la Identidad en Adolescente (AIDA): adaptación y validación con población chilena. Poster. XIV Congreso Chileno de Psicoterapia y XII Congreso Chileno de Investigación en Psicoterapia. August 26 - 28 Reñaca, Chile.
164. Valdés, N., Gómez, D., Reinel, M., & Spuler, Ch. (2016). Resolviendo los momentos de ruptura de la alianza terapéutica: repetición de los patrones disfuncionales de una adolescente con difusión de identidad. 12° Congreso Chileno de la Society for Psychotherapy Research (SRP), August 26 - 28 Reñaca, Chile.
165. Vásquez, Christian y Vania Martínez. 2016. Riesgo suicida en adolescentes consultantes en atención primaria de salud. IX Jornada del Programa de Ayudantes Alumnos, Facultad de Medicina, Universidad de Chile, October 19, 2016.
166. Vöhringer, P. 2016. “Episodios Mixtos: actualizaciones y desafíos clínicos”. Quintas Jornadas Internacionales SOCHITAB (Sociedad Chilena de Trastornos Bipolares) Filial ISBD. September 8 – 9, 2016. Hotel Internacional, Santiago Chile.
167. Vöhringer, P. 2016. “Mal diagnóstico de trastornos del ánimo” XX simposio Internacional Colegio Chileno de Psicofarmacología: Hotel Santiago Park Plaza. Santiago December 2, 2016.
168. Vöhringer, P. 2016. Entrevista a paciente en vivo: impresiones clínicas, hipótesis diagnóstica y posible abordaje. Cuarta Jornada Trastornos Severos de la Personalidad “Ánimo, Afectos y Trastornos Caracterológicos”, November 25 – 26, 2016, Valparaíso, Chile.
169. Vöhringer, P. 2016. “Propensity Score for manic switch in bipolar patients” en Brainstorming Session: Manic Transition Due to Antidepressants: How Frequent? How Likely? New Evidence from Step-Bd Study Using Propensity Scores. 18th Annual Conference of The International Society for Bipolar Disorders (ISBD16) Held Jointly with the 8th Biennial Conference of the International Society for Affective Disorders (ISAD 2016). Amsterdam, The Netherlands.
170. Wainer, C. y M Olhaberry. 2016. Poster: El rol del nivel de integración de la estructura de personalidad en la relación entre sintomatología depresiva y sensibilidad de padres y madres con hijos entre 1 y 3 años con dificultades en el desarrollo socioemocional. XIV Congreso Chileno de Psicoterapia y XII Congreso Chileno de Investigación en Psicoterapia. August 26 - 28 Reñaca, Chile.
171. Wiener, D. y M Olhaberry. 2016. Poster: El Rol De La Satisfacción Marital en la Sensibilidad Parental y la Relación con el Apego Adulto en Padres y Madres con Hijos entre 1 y 3 años de Edad con Dificultades en el Desarrollo Socioemocional. XIV Congreso Chileno de Psicoterapia y XII Congreso Chileno de Investigación en Psicoterapia. August 26 - 28 Reñaca, Chile.

172. Zilcha-Mano, S. & Errázuriz, P. (2016, June). One size does not fit all: Examining heterogeneity and identifying moderators of the alliance-outcome association. Paper presented at the meeting of International Society for Psychotherapy Research (SPR) International Annual Meeting, Jerusalem, Israel.
173. Zilcha-Mano, S., Errázuriz, P., & Keefe, J. (2016, October). Personalized feedback: Client characteristics as moderators of the effect of type of feedback on treatment outcome. Paper presented at the Association for Behavioral and Cognitive Therapies (ABCT) Annual Convention, NY.

APPENDIX III

MIDAP's researchers and students in Editorial Boards 2016

Journal's name	Index	Member of the Editorial Board	Starting date	Ending date
Psychotherapy Research	ISI o Similar a ISI standard	Mariane Krause	2014	
Revista Chilena de Neuropsicología	Other	Diego Cosmelli Sergio Gloger	2014	
Gaceta de Psiquiatría Universitaria (GPU)	Other	Alberto Botto (General Editor) Jaime Silva Felipe Martínez Juan Pablo Jiménez Guillermo de la Parra	2014	
Terapia Psicológica	ISI o Similar a ISI standard	Jaime Silva	2014	
Psykhe	SCIELO o Similar a SCIELO standard	Carla Crempien Álvaro Vergés Marcia Olhaberry Carmen Gloria Hidalgo	2014	
Journal of Community Psychology	ISI o Similar a ISI standard	Mariane Krause	2014	2016
Psychotherapy Research (Book Review Editor)	ISI o Similar a ISI standard	Mariane Krause	2014	
Psicología, Sociedad y Educación	ISI o Similar a ISI standard	Álvaro Langer	2014	
Studies in Psychology	ISI o Similar a ISI standard	Mariane Krause	2015	2016
Journal of Community and Applied Social Psychology	ISI o Similar a ISI standard	Mariane Krause	2014	
Mental Health & Prevention	ISI o Similar a ISI standard	María Pía Santelices	2014	
Humanitas (Costa Rica)	Latindex	María Pía Santelices	2014	
Drug Metabolism and Personalizes Therapy	ISI o Similar a ISI standard	Luis Salazar	2016	
Brazilian Journal of Pharmaceutical Sciences	ISI o Similar a ISI standard	Luis Salazar	2016	

Studies in Psychology	ISI o Similar a ISI standard	Pamela Foelsch Carla Crempien	2015	
Frontiers in Psychology	ISI o Similar a ISI standard	Alemka Tomicic	2015	
Avances en Psicología Latinoamericana	SCIELO o Similar a SCIELO standard	Susana Morales	2016	
Revista Chilena de Psiquiatría y Neurología de la Infancia y la Adolescencia	Latindex	Matías Irrarrázaval	2014	
Universitas Psychologica	ISI o Similar a ISI standard	Carla Crempien	2016	
Revista Argentina de Clínica Psicológica	ISI o Similar a ISI standard	Guillermo de la Parra	2014	
Clinica Chimica Acta	ISI o Similar a ISI standard	Luis Salazar	2014	
Journal of Clinical Psychology: In Session	ISI o Similar a ISI standard	Alex Behn	2016	
Journal of Studies on Alcohol and Drugs	ISI o Similar a ISI standard	Álvaro Verges	2016	
Qualitative and Quantitative Research in Child and Adolescent Psychotherapy, RIPPPO's Special Issue	ISI o Similar a ISI standard	Claudia Capella	2015	2016
Revista Trastornos del Ánimo	SCIELO o Similar a SCIELO standard	Paul Vöhringer	2015	